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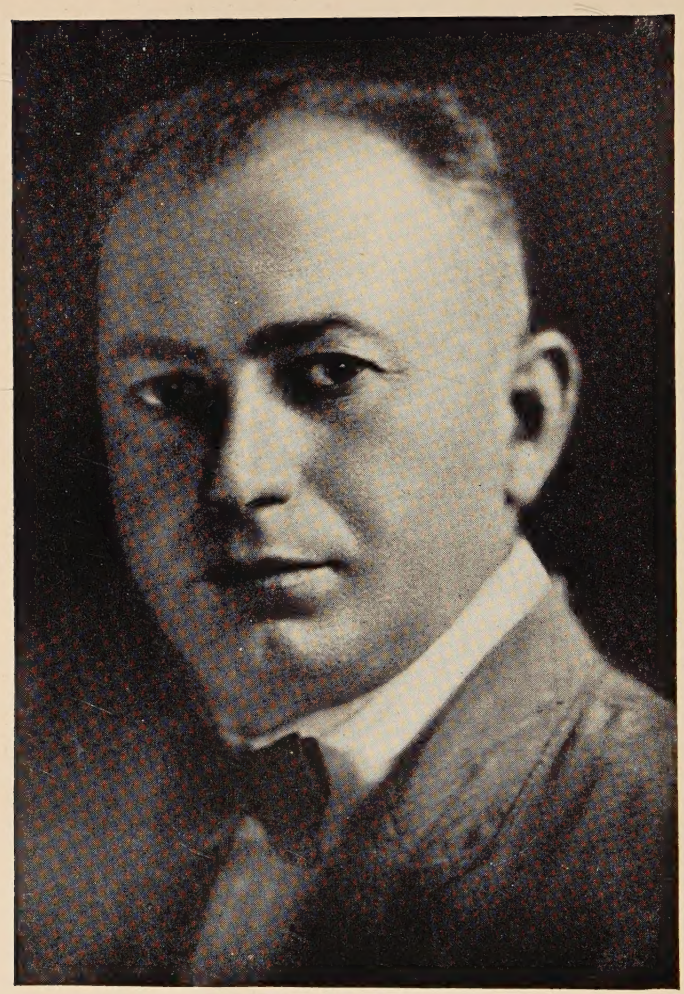
The Physician and the People

"With the compliments of the author - in order that the profession and the people should better understand the spirit of the American modernist".



Lionard Lincoln Landis. M.D.

THE PHYSICIAN AND THE PEOPLE

by Leonard L. Landis, M.D.

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Dedication

This Book is dedicated to those medical men, of the Past and Present, who in daring to break through the barriers of lifeless medical tradition and decaying dogma, have suffered privation and persecution so that the way might be cleared to wider fields of Knowledge, of Truth, and of Service to themselves, to the public, and to their profession.

NOTE

That's how we get on in this quaint world

"It is doubtless necessary that there should be frequent crucifixions. It seems to be the way of the world. A man to whom the truth is blazed as clear as noon goes out into the streets filled to the lips with his revelation. Smug citizens avoid him, put up their shutters; dogs bark at his heels; the ribald gather, one throws a stone.

"Then comes the storm upon him, in which he falls, battered, bleeding, with glazed eyes. There's an end of the blasphemer who dares question established order, who says that use and wont are not sacred at all, but hoary in iniquity.

"Having slain him, they learn that he was a god, and his revelations a law of nature. Up goes a statue, and his words are read as gospel. That's 'how we get on in this quaint world,' climbing to the stars on the heaped bodies of our heroes and sages. It's no use quarreling with it."

MAURICE HEWLETT in "Open Country."

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WHY—THIS BOOK?

A *foreword* seems hardly necessary to this book. And yet, because there are many who will be startled, and many, I am prepared to admit, shocked by what they will read, (for no departure from that venerable and hoary bugbear Tradition has ever been made, no new thought ever been introduced, without danger of provoking suspicion and censure) I feel, in fairness to myself and to my readers, that it is well to prepare them in some degree for what is to come.

Let me first make it clear that I admit of no critic but the public and the medical man, for it is to the public and the medical profession that this book is dedicated. It is not a work of art, but a work of *service*—it reveals the project of a medical man, who in his early career as a physician was a so-called "regular," who went through all the regular medical colleges, obtained hospital and dispensary experience in the regular, ethical manner, and for a time was swayed by the most hidebound medical traditions.

It tells his creed, why he has broken away from those same hidebound traditions, and announces the discovery of a new and significant force, which has united him to the public. This force he has proven *good*, for he has used it for the past twenty-five years, and those medical men who have followed in his footsteps can unhesitatingly state that it has materially increased their public life and medical existence. It has made his own life stronger, saner, more courageous, freer and happier, and he knows that traditional medicine as

it is practiced by too many medical men, today, makes their lives fevered, wretched, impoverished and, alas, very often inefficient and hypocritical.

Whether I am right or wrong in using this new force in medicine may be disputed, but it cannot be disputed that I, personally, and those who have followed my leadership live a larger and richer medical and personal life because of it. I do not say it has made me a better medical man, but I do say and know that it has made me a medical man true to the highest medical principles, and certainly much truer than those who practice and live according to the rules of an ethics, which can be characterized as nothing but hypocritical.

Although in using this new force I may be said to have run counter to the authority of orthodox medicine, I am in a position to maintain and prove that it has been of the greatest benefit to myself and my public. Let any medical man examine what I have to say in this book, let him face the facts candidly and sanely, and he will find how with the same force he can broaden and ripen his medical and personal life to the highest degree possible.

In preparing this work, I have kept in mind only what I feel and think and believe to be true. I do not condemn those who may think differently. My opinion is my own, free from all claims, traditional or otherwise. It has been formed by more than twenty-five years of successful practice, and does not require the backing of questionable authority. To me the authority lies inside the truth of the new force that I discovered—and use.

Today, in spite of all the discoveries and the wonderful things accomplished in medicine during the past quarter-century, the public is slowly but surely losing the blind faith it once had in the medical man. In its stead a critical spirit—a spirit of skepticism is grow-

ing by leaps and bounds. We know that people are flocking by the thousands to the practitioners of isms and health cults, and the only reason for this is that the medical man has dogmatically refused to take the public into his confidence.

The public, especially the public of this country, wants and demands freedom, whether the situation be political, economic, personal—or *medical*. And this new force which I advocate will give it to the public and to the medical man.

This book is not the work of a rebel. There is no wish to destroy, but rather an attempt to build—to bring enlightenment to a badly disorganized medical world—to regain for it once more the full confidence of the public. The traditional belief, that medical ethics is a structure that must stand, now and forever—that its infallibility must not be questioned—that it cannot be improved upon—that none must dare to plan to change it, even though the change be for the better, will not bear the searchlight of modern scrutiny.

I, for one, could not endure so pernicious a doctrine, neither could I sympathise with those who upheld it, for I saw the hypocrisy of the whole thing. The illusion of perfection can no longer be maintained. It is merely a dream.

A curious situation—a situation peculiar to myself brought about my discovery of the force which so changed and enriched my medical life. It was a situation, I must admit, intensely personal. My own necessity mothered my discovery. It seemed to meet my own personal needs. What I did not immediately foresee was, that it meets the needs of every true and independent medical man. It has helped me. It has helped others. It can help all. It works!

If only one medical man who reads this book is helped by it; if only one layman is brought to a clearer, fuller

understanding of what the medical man can mean to him, I will not grudge the many years of study and hours of intense labour that I have given to it.

That is the reason—Why This Book.

L. L. L.

INTRODUCTION

FAR-SIGHTED progressive practitioners know that there is only one way to save the medical profession from stagnation, decay and impotence. Rational hours, a fair income, a comfortable material environment,—these things are necessary; but, alone, they are not sufficient. It is not merely a question of economic betterment, important as that is. There is something else, still more important.

What is needed is a new spirit in the profession; a spirit that will recognize and respect the personality of each practitioner, so that he may have freedom for self-expression through his work. That is the only thing which will save the profession from itself—the spirit of mutual understanding, with liberty for the individual, but co-operation for all. There must be fair play and full opportunity for the profession as a whole, for every member of it, and for the public.

The regular medical organization in this country is alarmed at the widespread feeling of unrest among practitioners. Backed up by its 'legal ring,' it has exerted pressure in legislative circles in its efforts to suppress the independent, progressive physicians who are not afraid to denounce vicious conditions and methods. The organization would have done far better if it had tried to understand the movement for reform, and not simply to crush it. The fact that the movement has not been crushed—and cannot be crushed—shows that it is an inevitable process of evolution, and not a mere scheme for personal purposes.

Democracy in medicine is just as inevitable as in

politics. Absolutism will have to go. The profession must insist upon the right of self-determination. It must take its destinies into its own hands, and certainly out of the hands of the oligarchy which now runs the organization for utterly selfish and personal interests.

The rank and file of the profession to-day have little or no voice in governing themselves. They are cogs in an economic, social and political machine in which they lose their identity. Their welfare is not considered, their development not provided for. They are kept within rigid bounds, which they can only evade by underhand methods, incompatible with self-respect. They are barred by an antiquated code of ethics from the great modern power of publicity, which would bring them into touch with the people who need them and whom they themselves need, if they are to make a livelihood. And this is not all, for they have practically no idea of business method and management as applied to the practice of medicine. How can they have, when the medical colleges ignore the whole subject? Yet business method is as vital to the physician as to the banker or merchant. A medical practitioner is not only a man of science, he is a man who has to earn his living, and far too frequently he cannot do so.

I am trying in this book to point out where the fault lies. I want the profession as a whole, and every member of it individually, to understand what publicity, as used by the progressive practitioner, really means. It is not what the ultra-conservatives allege it to be, a mere means of notoriety to be condemned by the profession without discussion or reflection, while those who employ it should be rigorously outlawed. It is a very different thing—a wonderful means of service both to the profession and the public. It can be utilized individually and collectively by a single practitioner, by groups of practitioners, by city, county, state

and national organizations. It can revitalize the profession and have profound results on the well-being of the hundred millions of our people.

All this I am trying to bring out, so that the movement which has already been so successfully started by individual effort may be extended until it embraces the whole profession. I want to show also that the new conditions under which the independent, progressive practitioner does his work have produced other than economic results. They have led to new developments in method and practice, and I shall refer to these in their proper place, so that the profession may see just what the progressive practitioner is doing and compare the new procedure with the old. I think it will be found that the progressives, without claiming to be abler men than their ethical colleagues, have none the less many things of great value to impart. This is a consequence of the changed conditions of their work, of their wide scope of action and opportunity, and of the system of all-round efficiency which they have built up, because efficiency is essential to them. They have given practical expression to their belief in equal privileges and equal opportunities for all.

The progressive practitioners do not wish to indulge in any idle recriminations against the ethicalists who have ostracized them. It is more important to help the whole profession to make a new start than to dwell upon memories of old mistakes or even of continuing injustice. The progressives want the profession to reap the benefit of what they have experienced. They want it to make full use of its splendid resources and possibilities, to explore the fields that they have opened up, each member dealing with his fellows in a spirit of helpfulness and forbearance. They want progress, and the obliteration of the elements which make progress impossible.

That is why I have written this book, to try to help

those who have ostracized me, with so many others who have done all that they could to regenerate the profession and secure proper conditions, economic, social and otherwise, for each of its members, and fuller consideration for the welfare of the public.

THE PHYSICIAN AND THE PEOPLE

I

A PERSONAL EXPLANATION

I HAVE been a member of the medical profession for over thirty years, and have a deep and sincere love for it. It has given me a great deal, both in material things and in the opportunities provided for congenial work. I therefore owe something to the profession and in this book I am trying to repay the obligation, so far as possible, by setting down in sufficient detail the principles which have guided me to success, in the hope that they will prove helpful not only to the struggling beginner, but also to the older though not always fortunate practitioner.

As I am asking you to read the book carefully, for your own benefit, and to give your time and attention to the study of the suggestions you will find in it, it seems only reasonable at the outset to make a brief personal explanation. I want to be entirely frank with you, so that you may see just how and why I have reached the viewpoint that I am urging you to consider. The details are not specially interesting in themselves, but to some of you they may recall the nature of your own experiences, and they will at least show that I have been through the medical mill and know what it means.

Like many other Americans, I did not travel along a rose-strewn path in my earlier years. True, at one time I had never known what it was to need a dollar; but changes came, my father died while I was in my first year as a medical student, and I had to earn a livelihood as I best could. I became a newsdealer. By dint of borrowing and saving I acquired a little newsstand in a well-known hotel on 42d Street, New York. Behind the stacks of papers and magazines I studied medicine. I was attending the medical school, never missed a lecture, and at the same time supported myself by delivering and selling papers. But I still had some hours in the summer vacation which I desired to turn to useful account. I persuaded a friend in the employment of the hotel to put in a good word for me with the manager. This bore fruit in the shape of an appointment as watchman. The duties were light and not unpleasant, but instead of being satisfied with the mere routine work I sought out everything and anything that needed to be done, and I did it without being told. I gained experience in one position after another, until I understood the working of the whole establishment. From the night clerk I learnt the duties of the steward, from the steward the duties of the head waiter, and from the head waiter the work of the lower waiters—everything, finally, from fireman to superintendent. There was also the social atmosphere, with its curious variations. The whole thing was an adventure in psychology, and though at first I regretted being compelled by economic reasons to stay there, later I realized that I had been fortunate in gaining such experience in practical life.

One bitterly cold day in winter, the manager was dismayed to find that the entire heating plant of the hotel had broken down and that the guests were shivering in their rooms. A quick investigation of the basement verified the suspicion that the engineer was

in the midst of one of his periodical sprees and was hopelessly drunk. The manager was at his wits' end and finally sent me down to see what could be done. I went down, made my diagnosis, and decided upon the remedy. In about half an hour I emerged from the boiler room and met the anxious-faced manager. 'Well?' he queried nervously. 'There will be steam in twelve minutes,' I replied. He showed his surprise and asked me how I had done it. I told him: 'I rolled up my sleeves and started the steam plant myself.'

Apparently this novel method had never occurred to the manager. He asked me, in surprise, how I knew anything about the engineer's department. I told him that in the course of my general pursuit of information, I used to take my 'Anatomy' down to the basement and, while studying the human engine, observed what I could of the devices for supplying that living mechanism with artificial heat at a time when steam is comforting. I would ask all necessary questions, and, as the engineer was cheerfully responsive, I learnt enough to enable me to run the plant.

Well, I found I had gained a life-long friend in the manager. Shortly after this episode he called me into his office and said: 'Landis, I have been watching you. I like the way you go about things. You have just the qualities that make a big hotel man. Why not forget that medicine stuff and join me as my assistant?—there will be no end of opportunity to make big money.' But in my youthful idealism I rejected this kind offer. I meant to join that sanctified band that healed mankind of its ills. The manager finally saw that it was useless trying to dissuade me from my purpose, and wanted to know how he could show his appreciation. I told him that if he would use his good offices with Dr. P., who was a friend of his and the dean of my medical school, I should be more than satisfied. That he did so was evidenced by the fact that I received

notice that my tuition fee had been reduced one-half.

I merely recount this personal incident because I know that so many young men start out with splendid enthusiasm, energy and initiative, only to be discouraged when they enter upon active practice. To keep alive this practical sense and initiative would tend to build up a strong, self-reliant class of medical men who would be leaders in their community rather than obsequious satellites of the rich and influential.

Well, those were strenuous times for me, with many hours of work and study and few hours of sleep. But I learnt to realize the value of a dollar and I did not intend to be a failure in life, so that when I graduated I stood nearly at the head of my class and was ready and eager for hospital experience. The difficulty was how to get it. I was ignored, because I had the push, but not the pull. Others with money, friends, social, religious or political backing obtained the coveted positions.

I felt and still feel that hospital training is absolutely essential for every practitioner, and I am glad to see that some colleges do not now grant any diploma without that experience. I determined to go abroad to secure it. An opportunity arose by which I was able to secure a medical appointment during the trip across, and this helped a little financially. I was also deeply indebted to Dr. Isaac Adler, Dr. Alfred L. Loomis, and Professor Seligman, of Columbia University for their generous encouragement, and to others whom I will not name for practical assistance which made my stay in Europe possible.

I studied in the prominent hospitals of London, Vienna, Berlin and Paris. On my return I again endeavored to secure a hospital appointment, but again I did not have the money or the pull. In each case it was a question finally of politics, religion, social influence. Scientific standing alone was not the deciding

factor. It is true that I could have worked in a minor hospital, but I did not care for this. I wanted to be with the bigger men, the men whose technique would be worth watching.

Eventually, I obtained a position with the New York Board of Health. My rating in the Civil Service examination was extremely high; but what clinched the matter was that I was fortunate enough to have the recommendation of the late ex-President Roosevelt. The income from this appointment, and from teaching in the evening, helped me while I was trying to build up a practice. I was now taking up different branches in various dispensaries—one day surgery, the next day genito-urinary cases, the next skin ailments, and so on. In this way I gained valuable and varied experience.

Then came the time when one of the dispensaries was bound to give me a leading department. But a little incident occurred. I had been sent down to watch a case of scarlatina in a child, the only daughter of a young couple of the well to do class. When I came into the house I found the mother in the dining room weeping, and the father in the hall walking to and fro. I went upstairs and looked at the child. It was a bad case, but the heart was promising.

The father came into the room and said hopelessly: 'I suppose to-night means the end of my dear child?'

Turning I said: 'No, she will not die.'

It appeared that the consultants who had been called in had decided that the child would die, but they were still discussing the case. The father, jubilant, ran down to tell these great men what I had said.

One of them happened to be the physician who had the deciding voice with regard to my dispensary appointment. This cost me the position. I had been indiscreet. But the child recovered.

My practice was not flourishing. How could it be?

I was not allowed to tell the people that I could help them and I had to undergo the agony of seeing and knowing that much of the sickness around me might never have occurred if the medical profession had not by its code of ethics refused to permit the practitioner to come into direct contact with the people and educate them in medical matters.

It was probably the most momentous hour in my life when I realized, after five years of practice, that I was up against this stone wall of medical ethics. Here I was, a young medico, pulsing with enthusiasm, an earnest desire to serve, a willingness to work hard, and all I had in the world was my sheepskin, a modestly furnished office and a sign bearing my name in my window. From the day I had graduated from my Alma Mater I had worked untiringly, had received flattering recognition from many of the big men in the profession, and yet the sum total of my earnings for the five years had barely amounted to a laborer's wage. The corner grocer or the little cigar store keeper in the neighborhood probably earned twice as much. My sign had been in my window for five years and yet my neighbors were as ignorant of my presence as though I had lived a hermit in the desert. I saw before me a hopeless prospect of unremitting and unremunerative toil. I saw myself struggling through the years with a burden of sham ethics on my back, with a heavy heart and an empty stomach, trying hypocritically to look prosperous and satisfied in order to deceive my neighbors. Young as I was, I knew through bitter experience that unless I did look prosperous they would have no use for me. Money does not make the man, but it certainly does help to make men respected.

Battling with myself in those dark hours, I did not know in which direction to turn, whether I should continue a sycophantic servitor, or whether I should give expression to the voice within me that said: 'Be true

to yourself, follow the dictates of your own reason, have courage, dare.' And the undercurrent of it all was simply this: I wanted to work and through conscientious service earn what I was entitled to, a decent man's living.

After hours of self-examination and debate—yes, and of mental struggle—I began to see a light. The great problem resolved itself into a very simple solution. I realized that it was cowardice, fear of punishment, which was preventing me from taking the right path. Yet cowardice has never been a defect in my character. I then and there determined upon a line of action and resolved to carry it through, be the consequences what they may. Mentally, I unfastened and swung from my neck the millstone of decayed ethics that had been weighing me down, and defied all of the devil's own brood of medical bureaucrats to do their worst.

But lest it be concluded that I had determined upon some very sensational or flamboyant action, I will recount exactly what I did. I carefully drew up a little folder telling my name, my general education, the medical college that had conferred its degree on me, and my experience for the past five years, adding that I was ready to serve my neighbors at any time at my office. This announcement I had printed and sent out through the post office to all and sundry within a stone's throw of my office. The same mail also carried my resignation to the three medical societies of which I was a member. I had crossed the Rubicon and also cut the Gordian knot.

The response of my neighbors to my little folder was immediate and encouraging,—so encouraging that I soon went further and began to advertise in the newspapers and periodicals. Patients came to me in ever increasing numbers and at the end of one year my

income was more than it had been for the entire past five years as an ethical but hidden practitioner.

The response of my medical friends and colleagues was also immediate, but far from encouraging. Some scowled at me, some deplored the loss of a promising talent, some envied me and openly wished they had the courage to follow my example. Others turned their honorable backs on me, which honorable backs are still turned, though they wear a rather shabby coat when I see them from my car.

The profession generally ostracized me. I was considered an outcast and not fit for association with respectable people.

But ostracism becomes an honor to the man who is wrongly ostracized. An unjust sentence merely shames the organization that imposes it. Ostracism has never destroyed a just cause, and never will, so long as there are men living who are worthy of freedom.

A great orator once said: 'We have been saved by disobedience. We have been saved by that splendid thing called independence.' Tyranny will always evoke revolt, reaction and repression must yield to progress. The medical profession has its salvation in its own hands; and it is high time, indeed, that it showed the courage to throw off the fetters which it has consented to wear. It must claim and secure its freedom, if it values its own respect or the respect of others.

But I want to say here emphatically, that I do not believe in the destruction of organized medicine. I believe in its reformation. We must apply the proper and necessary remedies to the correction of the existing economic order,—or rather, disorder; we must enlarge the opportunities of the medical man, so that he may be able to control the most important details of his own medical life. By following the method of educational publicity, by coming into direct contact

with the people, we shall do away with the unlimited power of the present medical bureaucracy and with the evils for which it has been responsible.

It is entirely because of this bureaucracy and its methods that the profession of medicine does not figure as it should do in the world of affairs, in society, or as a factor in business. The young practitioner is not allowed to find himself and to adjust his relations with the community on a reasonable basis. He is dominated by a spurious code of ethics which is altogether at variance with modern ideas of efficiency and progress. The dead hand of the past rests insupportably upon him. It is time that the profession as a whole removed that burden and enabled each of its members to look forward sensibly and hopefully to the future.

The new code must be based on the principles of democracy and freedom, of the greatest good to the greatest number. Its cardinal principle must be the fostering of individual initiative, individual self-expression. Written or unwritten, it must be so devised as to secure a universal medical brotherhood, in which all alike have their opportunities and duties, and their common sense to guide them. It is useless to prescribe minute directions as to conduct for grown-up, intelligent men. It is more important to ensure an equal chance for all, a square deal for all, than to determine how two physicians should shake hands over the bed of the victim whose fee they are going to split between them.

II

OLD PRINCIPLES, AND NEW

WHEN we consider that seventy-five out of every hundred men who commence the practice of medicine fail sooner or later, we must realize that somebody certainly ought to do a little serious thinking on the subject. These figures are not exaggerated, though they may seem to be. If it were possible to take a hundred men and each would tell the truth about his financial position, we should learn how few are really successful and how many are simply trying to keep up appearances, or have given up the struggle altogether.

Think of the medical men whom you know personally. Do you feel that they are getting full returns for the work they do in the community? Do you feel that you are getting full returns yourself? Perhaps you have passed through your period of probation and anxiety and are earning all that you need; or you may have a private income, or relations who are able to help you out. If not—and you yourself know just how matters stand—you are sharing the experience of the vast majority of the profession. You are living under conditions which should not exist. You are underpaid and cannot keep on doing your best work. You may not be able to keep on at all.

Yet you are a duly qualified medical man, willing to render good service, for which you should receive proper compensation. Why, then, do you find it so difficult to make both ends meet, perhaps after many years of practice? You are entitled not only to a living, but to a fair degree of security; you should be

able to make provision for the future, to have suitable surroundings, to indulge in reasonable recreation and study. Your energy should not be frittered away through the strain of financial worry or the sense of a dreary outlook. You are entitled, in fact, to the same conditions that other professional men enjoy and that business men everywhere insist upon. But the medical profession as a whole has struggled along under grossly unjust conditions. That is the fault of the profession itself, and it is the urgent business of the profession to study the situation and find a remedy.

Well, the remedy is not hard to find. I can only hope that practitioners generally will be ready to make full use of it. It will be easy for them, if they care to do so, to reorganize the profession on rational, and not merely traditional, lines. Then we shall no longer see one competent man idle, waiting for work that will not come, trying to build up a practice without facilities, money or method, while another man is overworked and another, disheartened and disillusioned, is on the point of abandoning the attempt to make a livelihood through the profession which has taken the best years of his life and given him nothing in return.

'A busy doctor,' says Dr. C. E. Blanchard, of Youngstown, Ohio, 'is keen; an idle one is dull.' Remember also that the measure of your income is the measure of your efficiency.

There are but five methods of attaining a lucrative income from the practice of medicine. 1. By inheritance, as a son inheriting his father's practice. 2. By a stroke of genius, such as the discovery of a new process of treatment. 3. By influence, as by marrying into a wealthy family. 4. By purchase, when the practitioner is rich enough to invest in this way. 5. By personal effort. The last is the way that most of us have to follow. But how many follow it successfully?

It is a curious thing, by the way, that marrying for money—or marrying for love when the bride is well provided for and the bridegroom is not—seems to be especially fatal for members of the medical profession. A good many of the men who were in my own class at college subsequently married into wealthy families. Only one escaped complete failure. This seems sensational, but it is quite true. There was X., for instance, who married a prominent man's daughter. Fifty or a hundred dollars a day meant very little in her young life, but the contrast between her husband's limited means and her own inclinations and allowance became conspicuous. She took no interest in his work; she wanted the social whirl to which she had been accustomed, and so the young practitioner who had dreamed of building up a steadily increasing practice and winning an honorable name, found himself trotting about in her wake at different functions, trying to fit into her home environment, mixing with millionaires, and living in general as a member of the smart set without any real desire to do so or any means to support him as a social butterfly. His practice was ruined, the enthusiasm of the honeymoon faded and the gradual descent to a dreary level of marital relationship began. The end came in Reno, I think. The wife married again in her own set, the husband, with his wasted years behind him, drifted into another line of work.

In a second instance the marriage was not a failure in the ordinary sense: affection remained, though material prosperity vanished. The father-in-law was a rich man, the owner of a chain of fashionable vacation hotels. The son-in-law, with his wife's income and expectations acquired new ideas. He was too big a man to bother with the daily routine of medical work. He could not condescend to consult with a mere 'downtown' doctor. His interest in his profession and practice vanished. But his father-in-law died; the estate

was found to be encumbered, and without a competent directing hand went from bad to worse, until there was no margin between assets and liabilities. But the physician had already sacrificed his practice to his hopes of an inheritance.

In a third case, the marriage was fairly happy, but the husband spent his time in looking after his wife's affairs, and neglected his own. Poor judgment and bad investments swept away what had seemed a fortune, and once more there was a practitioner without a practice facing a world which had no noticeable interest in him.

I have mentioned these details simply to illustrate the loss to the profession through the attempt to rely on the money and influence of others. There is a general tendency among young practitioners to look for wives who will bring them some money. This may be natural, but it doesn't pay. The only thing that counts in the long run is personal effort. But the profession should encourage that effort. It should hold out a helping hand to the young practitioner to prevent the waste of time and energy that is now so prevalent. It should have understanding, foresight, and method.

Waiting for a practice, under the present system, is almost like waiting for the millennium. The young physician can do little or nothing to hasten its coming. He can only wait, with his sign in the window, his cash balance approaching zero, and his *morale*, perhaps, following it, until something turns up. It is a familiar experience, but not a pleasant one; and in very many cases it ends in disaster.

I myself went through such a period of helpless waiting and I know well what it means. But one day I had a vision. I saw how the medical profession might be regenerated economically and otherwise; how my own difficulties and those of my fellow practitioners

could be removed; how we could be emancipated from the cares hanging so heavily upon us and could find our way to a new freedom and a wider sphere of activity and influence. I want to tell you what more than twenty years of following that vision has done for me, and what I know it can do for other individual practitioners and for the profession as a whole.

If you have not succeeded in your practice, nine times out of ten it is not due to your lack of knowledge of the scientific side of your profession, nor does it just happen that you should fail. *There is a reason for it, as there is a reason for every other failure.*

We cannot find this reason in any overcrowding of the profession. There is an actual scarcity of medical men in the country to-day. Statistics show that their number is steadily decreasing in proportion to the population. You will readily remember that during the war the War Department released students who would ordinarily have been drafted, so that they might finish their studies and preliminary training; and the demand for skilled medical assistants is not merely a war-time demand.

Nor is the condition of the profession due to any depressing economic situation in the country at large, for the wealth of the nation has increased enormously during the last decade and we are now by far the richest people in the world, the creditor of the world, the holder of the biggest reserves of gold and the largest amount of negotiable securities. In spite of the huge requirements of the war, there is vastly more money or its equivalent in the country than ever before. Yet the average income of the medical practitioner is $750 a year. Ten years ago it was $1,100, and you do not need to be told that the cost of living has increased very considerably. The average income of the skilled mechanic, the salesman or clerk is more than it used to be. The steadily climbing prices of

all things, the diminishing average income of the medical man, the failure of patients to pay bills, the absolute importance of keeping up appearances, and the necessity of contributing charity in the guise of unpaid service at a hospital or dispensary, all combine to make the outlook of the profession quite cheerless. It is not possible to contemplate the present condition and note the trend of things without being apprehensive as to the future. Leading economists place the practice of medicine in the unremunerative column and predict that, instead of improving, the economic position of the profession under existing circumstances must become worse.

This is partly because medicine has never yet made use of its full powers. To do that we must apply the massed energies of the profession. If we launched a big educational campaign to tell the people that hereafter certain medical men would take up the specialty of group medicine; others of life prolongation; others of preventive medicine, of medical philosophy, etc., and if we took pains to show the manifest public benefit of such a system, we should soon have enough room in the profession for at least twice as many physicians as there are to-day, earning considerably more than twice the present *per capita* income.

Yet, drifter as he is, the average physician is a chronic optimist. If practice was bad a year ago it was because of the war; if it is bad now it is because of peace readjustments; if no patients showed up yesterday it was because it was rent day; if none come in to-day it is because it is murky; if none come in tomorrow it will be because the circus came to town. No matter what happens, he is not discouraged. This is an excellent trait, of course, but it can be carried too far. The trouble with the medical man is that he has not made his failures a part of his education. He has not tried to find out where the trouble lay,—with him-

self, with the profession, or with the system he has had to accept. He has been quiescent and has made no real effort to turn defeat into victory. He has waited and waited for things to right themselves, instead of setting to work manfully to put them right.

There is a crying need for the infusion of common sense into the profession, so far as the practical side of our work is concerned. The practitioner must realize that he has to be not only a scientist, but a business man as well. He has something to sell, something that he can sell cheaply and so incidentally cheat himself, or that he can sell too dearly and cheat the buyer, or that he can sell at its proper worth. And what he has to sell is service; not necessarily cures, nor remedies, but good professional service. Of course, if he finds that the word Cure has a practical therapeutical value in certain cases, by all means let him use it.

For over thirty years I have studied the profession and I know its good points and its weak ones. I know that without new insight and new determination there can be no change for the better. I appeal especially to the young men in the profession to cast aside all prejudice and act on their own thoughtful convictions. During my practice, it has been a pleasure for me to be associated with many young men, and from watching them make their mark by following a definite progressive policy, I know that any man with common sense can succeed in medicine if he will make up his mind not to stand in his own way and not to let others do so. But intolerance must go before general success can come. The profession as a whole now will not even discuss such new ideas as I am suggesting; it takes the attitude that there is nothing to discuss, that the matter was settled in the beginning of time and for all time. That is absurd and is in itself a symptom of a decayed institution. Publicity and debate, are the breath of life. There is

no vitality if there is no discussion, no exchange and criticism of ideas. As the late Mr. John Mitchell, Chairman of the State Industrial Commission, once said: 'So far as discontent finds intelligent expression and is formulated into constructive efforts, it is valuable and to be encouraged.'

If you have been prejudiced or indifferent until now, begin to be fair to yourself; think over the new ideas; study your own case and that of others. If you find something that you don't like in the principles and practice of the progressives, see if there is not also something that you do like, something that would be of undoubted benefit to you and to the profession. Take what you think is good of the new medical philosophy and leave, if you must, anything that you feel you cannot endorse. The progressive doesn't claim to be perfect; he merely claims to have done his best. Do yours, and don't hide behind outgrown codes, traditions and stupidities. Be prepared to think and use your own judgment.

The great thing is to make a start, to be active and not passive, to advance and not to yield. You have been in the habit of surrendering; you have been dominated by influences that you have not investigated, but have simply accepted because you have been accustomed to them. Why don't you investigate now, before you have grown tired through disappointments and failure? Why don't you try to use your strength, energy and courage in the right way before you slowly lose them? The progressives offer you a new, great power. Take it, test its advantages, avail yourself of all the opportunities that it will open up to you; win independence for yourself and the means of regeneration for the profession.

The present organization, the controlling medical ring, is out-of-date, self-interested, autocratic. It has entrenched itself and will not readily give up the au-

thority which brings it profit at the expense of progress. But it must go. The organization which must replace it will not merely talk of old precedents; it will make new ones. It will respect the past, but it will respect the future more. It will seek to save what is recognized as good, but it will seek most of all for the greater promise of the new order and the new times.

It will be based upon class loyalty, but it must seek first to inspire in every practitioner loyalty to himself. It must give him the right of self-expression, with economic security and a proper place in the community. It must be an organization of the profession, for the profession, by the profession. It must rectify the old abuses, do away with the old cliques, discard the old intolerance and make efficiency the keynote of the medical world. It must denounce the present antiquated code of ethics and set up a new humanitarian ethics in keeping with the spirit of the times. It must deal with the new problems of medicine and open up the new fields that have been neglected or imperfectly explored. It must accept new methods and establish new standards. It must be constructive, not reactionary; modern, not ancient; democratic, not oligarchic; helpful, and not repressive. In other words, it must be a good, and not an evil; a support, and not a crushing burden.

Those of us who believe in evolution and who have refused to stagnate with the rest of the medical profession, but have gone forth and essayed new methods, may be outcasts from the profession to-day. That is an injustice which time will soon remedy. It will be recognized that the progressive practitioner has introduced into the practice of medicine a new procedure which is as vital to the life of the profession as the introduction of oxygen into the lungs is to the life of a man. He has been building not only for the pres-

ent, but for the future; not only for himself, but for the whole profession, which in return has ostracized him without understanding or trying to understand the principles he has been fighting for, the methods he has developed. Organized medicine has judged without hearing, condemned without investigation. But in doing this it has simply condemned itself. The progressive practitioner has been the pioneer of a great idea, an idea which is going to reconstruct the whole profession and give it the economic, social and political status to which it is entitled. His reward has been unreasoning, bigoted persecution. In spite of that, he has gone on his way and will continue to do so. He has taken his own freedom, because he found none at all among the ethicalists.

But his sacrifices—they have been very real sacrifices—should not have been made in vain, if there is any sense of fair-play in the profession. He has been misunderstood and misinterpreted. Yet he has done things exceedingly worth while. The only way to repair the injustice to which he has been subjected is to obliterate the memory of it by taking up an attitude of fairness; by examining what he has done and what he has to say; by investigating the advantages that he points out to you, the ideas that he has developed. Get away from the dead past and study the problems of the living present and the future. That is all that is asked of you. Forget prejudice and begin to be reasonable. But, remembering that you have been grossly unjust to the progressive, help him to forget it by accepting what he is able to offer you, if you see good in it.

It is not the progressive practitioner who is dangerous to the profession, but the system of medical ethics in vogue to-day. It is against this obsolete system that protest must be made; this system which has put all power in the hand of the medico-plutocrats and

politicians, which has set up a medical caste rigidly separated from the people it is supposed to serve. Medical organization to-day is defeating its own true ends and subserving the ends merely of a few selfish and intolerant individuals.

The remedy lies in common sense and common action. In the following pages I have tried to go into useful particulars. While I have centred my attention principally upon the practical side of the profession, I may seem occasionally to have wandered into other fields. Where I have done so, it was because the scientific problems involved bore a distinct and direct relationship to practical issues.

I have tried to lay the case of the progressive practitioner—the present medical outlaw—before American medical men as individuals. I ask them to become interested, to draw their conclusions and form their judgment from their own investigations. If medical organization is to be made responsible to medical sentiment, it is a serious matter to be misinformed. I have tried to give the uninformed or prejudiced practitioner some insight into questions upon which it is to his interest to be informed. It is decidedly to his interest to understand about the institutions which interfere with his success, and the new ideas and methods which would promote it; and I am not thinking about financial success only, but of the satisfaction which comes from wider scope and freer action.

By recording the results of my experience and the lessons which may be drawn from that experience, I do not so much hope to convince the members of the profession immediately, as to persuade them to use scientific procedure to satisfy themselves whether there is anything of real worth in the suggestions I make. Most practitioners are thoroughly scientific men, accustomed to methods of experiment, testing and careful analysis. I want them to use their scientific

knowledge in testing my ideas. What I am trying to bring about in the first place is not adoption, but investigation. Adoption or adaptation will come in due time, I hope. But I know that thoroughgoing, scientific investigation will end in a cyclone which will sweep the profession clean from roof to cellar. I am prepared for the other cyclone of criticism which will fall upon me from the present organization, insensible to any interests except its own selfish ones.

LOYALTY AND INDEPENDENCE

The progressive practitioner, in spite of all that he has been subjected to, is never against the profession. He has simply adopted for himself a declaration of independence which, I predict, the whole medical world will one day adopt. This declaration calls for loyalty to the profession on the part of every individual, while it demands justice and fair self-expression and initiative for the small practitioner as well as for the great. It liberates progress from the irresolution and tardiness, or from the absolute enmity, of those who should be its friends. It substitutes democracy for toryism; safety, success and freedom for insecurity and failure.

The controlling medical ring is a clique, not a constitutional executive and advising power. It draws its conclusions from antiquity, not from actuality. Facts, in so far as they are regarded at all, must be distorted to suit the established doctrine; and those who have the courage of their own convictions and the support not only of the new ideas, but of the experience by which those ideas have been tested, must be disciplined and driven back to the fold of the reactionaries by every means at the disposal of the medical inquisition.

The progressive practitioner has fought the fight of

the whole profession. He does not wish to interfere with others, so long as they do not interfere with his freedom. But he would like to rearrange the constitution of the medical profession, so that there may be effective organization combined with full opportunity for individual development. He wishes to secure for all the benefits which he has obtained for himself; to increase the effectiveness and enlarge the scope of the profession as a whole, and of every member of it.

In the following chapters I shall try to show the way in which this can be done. I shall tell the truth, the whole truth and nothing but the truth, as I see and understand it. I want to give something, to you and to the profession, which you may consider valuable, if you will take the pains to read, think and investigate. I want to show you that you should not be debarred from the full possibilities of your calling by lack of the means to get in touch with patients who are in need of your services.

What you must have is the power of publicity—the greatest power in the world to-day. There are other things, other ideas, methods, suggestions, that I shall deal with. But publicity—what it means, what it can do—is the greatest. If you are interested in your own welfare and efficiency, in your economic prosperity and professional success, you will read what I have written. If you are not interested, if you are one of those who are ruining themselves and the profession by narrow-mindedness and selfishness, of course you will not waste time in reading what you will not like—the truth.

I have no fear in thus unchaining the hatred of organized medicine against myself. I have found happiness and shall receive satisfaction from pointing the way to others, for I see rebirth for the medical profession, a regeneration of its procedures and practices. Let those who are wilfully blind deny the truth, if

they will, and go their own way in the darkness they have chosen. But those who seek the truth with clear eyes and an unbiassed mind will find that they have at their service, and for the service of others, a science which, supplementing the technical education of medical men and enlarging the range of their influence, can ensure success under normal conditions from the outset of their careers, and brighten and give full fruition to lives that hitherto have seemed destined to failure, complete or comparative.

III

MEDICAL ECONOMICS AND INEQUALITIES

AS I pointed out in the last chapter, the average income of a physician, according to the most recent United States census, amounts to the princely sum of $750 a year. Compare that with the earnings of a carpenter at the prevailing wage of $9.50 a day, or with the income of a plumber, and remember that carpenters and plumbers do not spend years in preparatory study at a technical school before they begin to earn a cent. In order to bring the income of a doctor into line with that of any other worker, you have to descend to almost the lowest level of the social scale of day laborers; and even then you will find that the man with pick and shovel working on the railroad tracks probably averages a slightly larger income than the highly trained physician.

Dr. Charles J. Whalen wrote, in 'Medical Economics' for April, 1915:

'The average practitioner is working honestly for the help of his fellow-men, striving in every way to keep abreast of the times, exposing himself at all hours of the day and night, foregoing social pleasure, estranging himself from his family, being required to dress well and keep up appearances, criticised for every death, in danger of being sued for malpractice in every operation that he undertakes, expected to perform the miracles claimed by the charlatan and deserted by his most intelligent patients on the advent of every spiritualistic or pseudo-religious mysticist. He must per-

form at least one-third of his work gratuitously. The charity he gives is unheralded, even though it brings fame to hospitals and makes their existence possible; and all this anxiety and struggle for an earning not equal to an average salesman's wages!'

Some so-called idealists have peculiar views on the subject of money and medicine. They seem to think that to mention the two words in the same breath approaches the sacrilegious. This is merely pretentious nonsense. Money is a vital part of the equipment of the successful man. Without money, the individual, or the nation, is gravely handicapped and all efforts at progress may be long delayed or completely frustrated.

Modern American life has developed new ideas on the subject of money making. These ideas have become a dominating factor in that spirit of enterprise and achievement which is recognized throughout the world as characteristically American. We should, therefore, free ourselves entirely from the stupid tradition that money must be treated with contempt and that professional men, at least, should have too high a sense of dignity to allow themselves to be concerned with such a negligible matter. The question is simply one of fitting compensation for work faithfully done. The practitioner should discuss frankly and freely the economic conditions of his work and the necessity for placing them upon a stable and satisfactory foundation. He is not only foolish, but wilfully unjust to himself and his profession, if he does not give proper consideration to the subject. It is his mere duty to see that he obtains a fair return for his services. He is entitled not only to a living wage, but to the margin which makes all the difference between content and discontent, between development and deterioration.

There are many practitioners who have no private income, but must depend upon their practices for

their support and the support of their families. It is absurd to say that if a man has not enough capital to make him independent, he should not be in the medical profession, but in the commercial world or some other lucrative field. Anyone who devotes a lifetime of study and work to any branch of human endeavor should receive an adequate compensation. That need not be argued. But is an average income of $750 adequate compensation for the study and work of the average practitioner? Is it sufficient to encourage him, so that he may perform his indispensable duties with increasing satisfaction to himself and his patients? Is it sufficient to free him from pressing financial anxiety, so that he may devote himself wholeheartedly to his work?

I don't think anyone will be particularly eager to say that it is.

We pay our street cleaners more. During the war, we paid our office boys at least as much; and they were not especially appreciative. But the practitioner is supposed to be grateful. He has already spent several years, a great deal of energy and a fair amount of capital, to secure his training. His services are of supreme value to the community. He could not be replaced by any casual immigrant. He is a highly skilled professional man. And he is put upon the footing of a $15 a week clerk. There is something, to paraphrase Shakespeare, not altogether satisfactory in the state of medicine.

At present it is not enough for a young man to have only the money necessary to carry him through his medical school, or even through his hospital apprenticeship. He should have much more. He must have sufficient, at least, to keep body and soul together until he has built up a practice,—which may mean anywhere from five to fifteen years of waiting.

A man in the medical profession is usually thirty or

thirty-five years of age before he really commences to derive a reasonable income from his practice. Until then he is deprived of all the natural pleasures and satisfactions which are his birthright. I am not referring, of course, to mere trivial amusements, but to larger things, the missing of which may mar the whole of his life. For instance, he is not permitted to marry: his elusive and inconspicuous means of support would not stand the strain of the expense entailed by the addition to his household of the most charming and economical modern young lady. On the other hand, a man who starts in any business career, or who takes up any vocation except that of medicine, is just at the height of his career or almost at the height by the time he is thirty or thirty-five. He is enjoying life to its rightful limits, he is putting away for a rainy day, he is gathering the rewards of success. Even if he has been a failure, he can start again in some other enterprise, some other business. He is young, virile, adaptive. But with the medical man it is tragic if in his early forties he confesses himself a failure and realizes that he is not fitted to go on struggling in his profession. And what ghastly stories could be told of the results of this condition! Suicide, gambling, drinking, drugs—they have taken their full toll from a rich field.

We may cheerfully admit that the young man, however ingenuous, should know enough not to expect to accumulate great wealth by the practice of medicine. But he is not unreasonable if he expects to make a decent living through his profession. He may hope to be one of the few brilliant successes. That is his own affair. Youth is entitled to its glowing dreams,—the drab reality too often creeps in at a very early hour. But, dreams apart, most of the students enter the medical colleges, as we know, because they like the work. They have the feeling of the artist,—they are

not thinking commercially. But they soon find that they are compelled to think about the financial side of their profession. They cannot live on good intentions alone. As they received no business training while they were studying and have never understood the dual character of their profession—the financial as well as the scientific side—they have to learn later through experience, cruelly and harshly.

It is not only a question of money, either, but of other relations between the practitioner and the public. If the medical man cannot expect his reward in the shape of fair financial returns, he might at least expect it in the gratitude of his patients. But here again he finds himself disappointed. He is sometimes thanked, it is true, when he scarcely deserves thanks; but as a rule he gets little real appreciation. When his work is done, he must go his own way, often misunderstood and rarely with any warm recognition on the part of those he has served. He may have saved life. After the crisis is over, that is looked upon as part of the routine of his profession. The patient's family forget their relief and remember the expense. And if the patient dies, in spite of all efforts, the devotion and skill of the physician are not only not recognized, but in many cases he is not even paid for his labor.

If neither economic return nor appreciation on the part of the patient is to be expected, the practitioner may think that he has at least the satisfacion of having helped to relieve suffering and cure afflictions. If, however, he is really honest with himself and understands thoroughly the respective rôles of nature and art in the healing of disease, if he knows how much nature contributes and how little man can really do, he will not often be able to say: 'I cured him.' He can only hope that his advice has led the patient to health through the co-operation of nature. Yet, if we look

over medical history and see how often our well-intentioned grandfathers' medicines and methods must have done harm, how often the patient who recovered must have done so in spite of the treatment and not because of it, we cannot but wonder how much of our present up-to-date therapeutics will appear useless or worse than useless in the wider and wiser view of our grandchildren.

Undaunted by the failure to find recognition of our services elsewhere, we might look to general social approval as our reward. The doctor carries with him the flag of truce in all wars that divide mankind; he is beyond the range of personal animosity, of whatever character; he is the confidant in family affairs, the arbiter of family quarrels. Men and women come to him for guidance; they confide to him their intimate concerns as to no one else in the community, and he is given the opportunity to apply such common sense and idealism as he may possess to the straightening out of human difficulties. It would seem reasonable that the community should accord him respect, honor, gratitude. But no. In spite of all that we do in the community, we have only a precarious position. We are not acknowledged leaders. We do not gain, individually or as a profession, the prestige that our work has deserved. We are not given the opportunity to extend that work and exercise a wider influence in public affairs.

Such recompense as we do get, either financially or in public or private standing, is very slight when we consider the time spent in acquiring our knowledge. That this is so is mainly our own fault. We have not been awake to our opportunities. We have not even been fully awake to our necessities and the causes of our economic and social restrictions. But it is never too late to begin to take the right course. Now is the time to remedy existing evils.

We might commence with a little more friendly feeling amongst ourselves. The young medical man would especially profit by it. He has learned that he cannot look to the public for appreciation of his efforts. He therefore turns to his brothers in the profession for assurance, counsel and aid. But all the assurance he gets is that they have experienced what he is now experiencing, and that it is the lot of every medical man. For his comfort, if he can take it in that way, he is informed that what he has found is the natural order of things and that as long as he remains in the practice of medicine he must put up with it. As to aid, he gets none. Jealousy in the practice of medicine is the same green-eyed monster that we meet elsewhere. If a young man shows aptitude in dispensary work along a certain line, and decides to specialize in it, how many of the big men who are in charge of the clinics give him encouragement? None. They invariably advise against specializing in that particular line because it doesn't pay, because it means hard work, because the field is so limited, or because in their opinion you are not qualified.

In my own case I remember acting as assistant, in a dispensary on the lower East side, to an eye man of great reputation. Without any self-praise, I may say that I knew my work and could do it as skilfully as the next man; yet not a word of encouragement came from my chief. On the contrary, he advised me to drop eye work and take up another specialty for which I might be better fitted.

Later I acted as assistant to another man, both in the dispensary and in his private cases. He paid me for my services, but insisted that I keep pace with his social amusements. Being a young man and not an enemy of recreation, I did not object in the least. I dined well, went to theatres, rode in the park, and in short had a very enjoyable time. All of this cost

money, however, and in order to afford it I had to rely on my chief's good will to keep me in my position. I was dependent on him, as he knew well; and he also knew well that the conditions which he exacted prevented me from saving enough to develop a satisfactory practice.

On another occasion I remember being called to an obstetrical case where there was a problem of difficult delivery. The specialist and the attending physicians were there. They had been waiting for labor, but to no avail. They were tired out, it was late in the evening, and I, being a young man, was called in to stay up with the patient so that if labor commenced I might be there to render immediate aid and to call them. I saw before me a long, tedious wait. The patient was a fat, stolid woman of foreign extraction. What was I to do? I noticed that when the spasmodic pain was on the woman remained lax, so I advised her that the next time she felt the pain she must strain with all her power. I suggested to her also that if she did not do this the child might not be born alive. The suggestion worked. She was anxious for her child, and so when the next spasm occurred she strained with all her might. She strained the first time to no avail, the second time and still no result, a third and a fourth time vainly, but the fifth time the child was delivered, and a fine baby boy it was.

I called the other two physicians, who had not yet gone to bed. They hurried back, and all the thanks I got was being called a very uncomplimentary name. Instead of being commended for doing good work, I was censured.

You know as well as I do that such cases have not only occurred to me. You have experienced them yourselves and your friends have, too.

The last place in the world for a young man to seek

aid or comfort or kindly feeling is from his professional brethren.

This picture of professional life and what it holds for the young man is certainly a dark one, and it does not offer much inducement for anybody who may want to choose medicine as a profession. Yet I do not hesitate to draw it in its true drabness. There is little hope for a medical man without influence under the present system of organized medicine and organized ethics. If progress is to be made possible, and we must have progress or the profession dies, then we must necessarily change our conception of methods and practice and we must enlarge the scope of our work to its logical limits.

It is evident that our system of dealing with the younger medical man is wrong. He has so little chance to work to his satisfaction when he is at the fulness of his strength, at the height of his ability to give thorough, conscientious service. But the rules of organized medicine paralyze him. For the first ten years, when he thought, perhaps, that he would be doing big things, he is kept stagnating in his office, waiting and waiting. There is plenty of work, but the young practitioner is not allowed to do it.

Nearly every young man of the type I am thinking of—the type that we need—aims at the stars, or such an approach to the stars as he may consider feasible. But sooner or later, under the sort of treatment that he receives, he becomes one of the dreary and disillusioned crowd. The profession must realize that it is its duty to give the newcomer his fair start, and fair encouragement, or at least not hinder him in getting started. It is so easy to destroy enthusiasm, so difficult to revive it. If the profession cannot come to its senses very soon in this respect, there will be very little profession left; for there will be no young blood to reinvigorate it.

I cannot see any future for medicine except through the encouragement of the younger physician. At present, instead of being helped, he is definitely discouraged. He is checked on all sides by 'ethical' restrictions and even though he realizes that there are some in the profession who may violate the code at will, he is not among them, and he must conform completely or suffer the consequences. He is not allowed to advertise, he is not permitted to contribute signed articles to publications, or to make himself conspicuous in any way.

It is a depressing prospect, under present conditions, for the young man without friends or fortune sitting behind his desk waiting for public recognition of his ability and integrity. He is denied the use of the only means that will bring him what he needs; he cannot go out and explain to the people what he is and what he wishes to do. He has entered the profession with high intentions, but he is not allowed to earn a livelihood, while our stylish doctors, through the devious devices of which they have made almost a fine art, do reach the public by underhand and unworthy methods.

There are three things that the young man can do. He can wait in his office and starve; he can advertise and be ostracized; or he can remain in the profession and practise criminal abortions and other iniquities, or cater to drug addicts, and so forth under the cloak and protection of good standing and medical ethics.

That is why we have so many criminal abortionists.

I know intimately, as anybody else may know, if he wishes, the conditions experienced by the majority of the members of the medical profession. I have had occasion to observe and become acquainted with the aspirations and trials of the moderately circumstanced medical man in the United States, and especially of the young man who has gone through college by dint of his own personal efforts, without the backing of family

or friends. And I know what is waiting for all of them unless they get together and insist upon the adoption of rational measures.

If the public wants good medical service, it will have to learn to pay for it reasonably. It will be glad to do so when it understands the conditions, for the public is not slow to learn essential facts and it will see here that an underpaid, harassed physician cannot give efficient service, that its own welfare is inseparably connected with the reasonable well-being of the doctor. The experience of the progressive practitioner has already proved amply that the people can and do know the mutual advantages of a fair arrangement. They prefer quiet business principles to the muddled methods of the regular physician.

The average physician does not live well; but he should live well if he is to be fit and effective. Under any circumstances, he must dress well and keep up appearances. As it takes years of study before he gets a start in practice and as he must constantly give gratuitous service to charitable institutions and to individuals, he has a good deal of leeway to make up. The laborer is worthy of his hire. In this case, the hire should be worthy of the laborer, for the field of labor of the medical man is the most important of all to the community.

Yet look around in your own neighborhood and take count of the practitioners around you. You will find your brother physician to your right, to your left, to the back and front of you, as I find them in my neighborhood. This one is living on his wife's money, that one derives an income from running a boarding house on the side; the other fellow has a brother who helps him, and so on. Only occasionally do you find a medical man who is actually earning his own living.

Ten practitioners fail completely, where one meets with moderate success. Probably only one in a thou-

sand becomes a real success, in the full meaning of the word. Taking a hundred average practitioners, during the period from twenty-five to sixty-five years of age, one may or may not have reached the summit of his hopes, four have a fair practice, five are working hard for a practice, thirty-six are dead and buried, while the remainder, or over fifty per cent., are utter failures. We can point to scarcely any vocation or business where the chances of success are so slight and so difficult to attain.

There are two principal reasons for the economic failure of the profession. One is the individual medical man, the other is the profession itself. When he has received his sheepskin, the average graduate from a medical college thinks he is a finished product. At college he was not taught the important lesson that graduation was merely the beginning of his serious studies. Especially, he was not taught the elementary principles of economics. He was sent out into a business world in complete ignorance of business methods. To-day, the average practitioner gropes blindly at uncertainties, wasting his energy and brain power in an unequal struggle against unfair conditions. He has been at a disadvantage from start to finish, because he has been under the selfish domination of the medical cliques. He has been kept in the dark.

The profession itself has deliberately, and it would seem maliciously, thrown every conceivable obstacle in the way of the practitioner. He is discouraged in his early days; he is hedged around with a barrier of false ethics; he has archaic, grossly inefficient methods imposed upon him. He is not free to proceed sensibly like any other man who, starting in business for himself, knows that the only way to succeed is to go out and get the business from the public. The young practitioner is hemmed in on all sides and hopelessly restricted. Is it any wonder that day by day his

discouragement grows and that with his disillusion comes envy, perhaps, of his more successful colleagues? He soon realizes that it is not their medical skill and knowledge, but their shrewdness in manipulating people and events, their ability to scheme, their unscrupulousness, that has enabled them to forge ahead of their fellows.

Is it any wonder that the young practitioner in such circumstances so often joins the ranks of those who secretly perform illegal and unnecessary operations? Perhaps he is strong enough to avoid that. His imagination may carry him on for some time. He still wants to do things, things worth while, and still hopes for the opportunity that is perpetually denied. When he wakens to the full realization of the passing of time, he finds that he has waited too long. Things will never be any different for him. He is a failure. It was his doctor's destiny. He has succumbed without a real fight, because there seemed no way to fight effectively.

The trouble is that the profession is in a rut. It must get out.

THE SCIENTIFIC AND BUSINESS SIDES OF MEDICINE

There is a simple way to freedom and progress. The profession must recognize fundamental principles and act upon them. And one of the principles that will have to be recognized is that medical practice is a twofold one, each side dependent upon the other: it is a professional and business practice.

The progressive practitioner has understood this. The ethical man has not.

Just as on the professional side of our work we employ all our knowledge of psychology, chemistry, physics, therapeutics, etc., so on the business side we must be guided by an equally definite set of rules. Business, in the medical world as in the ordinary com-

mercial world, is controlled by laws that operate in as positive a manner as the laws of chemistry in the combination of elements, or Ohm's law in the resistance to electric energy or Newton's law of gravitation with regard to falling bodies.

No physician in treating lesions, for example, would expect success if he did not work in harmony with the laws of physiology concerning the living cell. To attempt the contrary is to attempt the impossible. Success is due to adherence to law, whatever that law may be, and whether it is fully recognized or not. The law of gravitation acted impartially on the rock and the feather without waiting to be discovered and formulated by man.

But the laws of the business world are as familiar now as Newton made his own discovery, and there is no excuse for ignoring them. We only hurt ourselves by doing so. We have to recognize that the business side of medicine, like the business side of every other profession, must be conducted in a businesslike way. Let false sentiment die, and haphazard methods cease, and charity be dispensed sensibly. Fair business methods always meet with respect. People like to know what they are doing and what the other people are doing. They like a straight proposition. They don't like inefficiency. If they see that their physician is a fool in the things that they thoroughly understand, they may suspect his wisdom in the things that they don't understand. When they see that the average medical man has no idea whatever of business method, they may very well wonder whether he carries this incompetence into the scientific side of his profession. When they come to a doctor, they are not looking for the temperament of a poet. They are looking for practical service from a thoroughly trained scientific man. If they find he is ignorant of the A B C of business, they are justified in thinking that his training

was neither thorough nor scientific. No scientific man should make elementary mistakes in any matter of simple method. But the average physician does, as his average income proves. He makes mistakes which are especially stupid, because they are unnecessary. He carefully avoids what Kipling calls God's Own Common Sense.

Common sense is what I want all practitioners to indulge in for a little while, until they get the habit. It is not an expensive habit. But the ethical idea of ignoring realities,—the ostrich idea—is very expensive indeed. It costs the majority of practitioners a fair livelihood and the majority of the public a fair deal. For no man who is underpaid and underfed—underfed spiritually as well as physically—can continue to give good service.

Recognition of faulty business methods must be backed up with courageous action, and in medicine hereafter the practical business side must receive proper attention. We must discard the stupidity or insincerity that disgusts sensible people and brings disrepute to the profession as a whole.

A little thought on the relation between the economic condition of people and their ethics will soon convince you that if you want to improve the ethics or the morals of a group, you must begin by economic improvement. Look at our prisons, reformatories and houses of correction, and notice the economic stratum which furnishes their inmates. Universally, the ethical and moral concepts of a group are in direct proportion to its relative position in the economic scale. There are always individual exceptions, of course. They only prove the rule.

But is the medical profession, as a whole, an exception to this rule? Doctors have as much honor and conscientiousness as any other class of educated men —no more and no less. And what other men dare

pretend to be impartial—immaculate would be altogether too absurd—where they have a strong pecuniary interest on one side? It is simply unscientific to allege or believe that doctors do not under existing circumstances perform unnecessary and criminal operations and prolong lucrative illnesses. The only ones who can claim to be above suspicion are those who are so much sought after that their cured patients are immediately replaced by fresh ones. Any class of educated men, treated as doctors are treated with reference to economic compensation for services, tends to become a brigand class. A doctor's character can no more stand out against such conditions than the lungs of his patients can stand out against bad ventilation.

As a result of the present economic strain, we find many hundreds of practitioners performing criminal operations; doing surgery because it pays better, irrespective of their skill and the consequences of poor ability; taking up specialties, not because of their love for the work, but because there is more money in practising a specialty. They do not care about morals, ethics, honor, life or death. All are in the day's work. Imagine a professional man sacrificing the life of a human being merely that his income may be a trifle larger. Yet such things happen and will continue to happen until every physician is assured a living wage. It is his own fault that he has not yet received it.

A proper knowledge of how to earn your living is more valuable than a dozen courses in a postgraduate hospital. You can so arrange things, as far as the business end of your practice is concerned, that either you are the slave to your work, or your work is not merely your routine, but your recompense. Time is your capital. Make good use of it, and don't squander it. Charge fairly for everything you do. Pay

promptly, but also collect promptly. Do your work well, and see that you are treated correspondingly.

We are not speaking of the practitioner accumulating great wealth by the practice of medicine. It is a question of deriving an income sufficient to insure a decent living. No man should take up the study of medicine because he thinks it is an easy way to make money. He should be informed beforehand that such a conception of the earning power of the average medical man is wrong. I myself know of a case where, after practising for eight years, a friend of mine was $200 worse off than when he began. Another friend, after being in practice for ten years and gaining a certain reputation for success, asked me to lend him some money to buy an automobile. To keep up the bluff of being prosperous, the poor fellow is getting deeper into debt all the time.

Medicine requires business ability, as well as the ability to diagnose and treat cases. There is nothing really wrong with the financial end of medicine. The trouble is with the man practising medicine and ignoring economics; with the man who does not know how to sell his services properly, and who does not insist upon his right to be allowed to appeal to the public directly. Given one man who possesses scientific ability and another who possesses influence, and under present conditions the one who has the influence and the backing will succeed; the other will be either a failure or a mediocrity.

THE ESSENTIAL REMEDIES

The main causes of this state of affairs are well known. I will briefly outline the remedies. First of all, we must educate the public and teach them the truth about the economic condition of the practitioner. They must be told that his income is lower than it

should be, lower than is compatible with good work or even honest work. In order to encourage more men to enter the profession and maintain the best standard of service, they must make the financial return, if not an inducement, at least not a deterrent. All progress must come from the people and in order to effect any necessary change we must educate them to see the justice of our claim. We must centre our attention mainly on the public and allow each man his personal liberty to appeal to them directly and impress them with his individuality.

To do this, one important step will have to be taken first. We must overthrow the oligarchy which is trying to keep our hands tied and which has kept the profession behind its wall of archaic ethicalism for so many years. We must destroy organized medicine, as it is now understood. I call it disorganized medicine. Autocratic rule must go, and democratic rule must take its place.

Further, we must teach the practitioner while at college that he has but one thing to sell, and that is service—to the individual and the community. He must not only be taught to render the best service possible, but also how to have this service accepted and fairly paid for. He must be taught the business laws that apply to the business side of the practice of medicine. It must be remembered that the bad economics of one practitioner will injure other practitioners, and work gradually to the detriment of the whole profession. And conversely the acceptance of false economic principles and methods by the profession at large imposes a ruinous handicap on the individual practitioner.

For the man who has graduated and has not had the advantage of a business training the medical journals should devote a column or a page in each issue exclusively to medical economics. In view of the

acknowledged failure of the profession to provide its members with a proper livelihood, it is essential that a doctor should now learn something worth while of the art of self-support. He may be able to heal others, but if he cannot feed and clothe himself and his family, it is obvious that his skill and usefulness must decline as his self-respect decreases and his anxieties become more burdensome.

It is sometimes said that if the medical man wants to know anything about economics, he should go to the text books on the subject or subscribe to economic magazines. But a business text book or journal does not discuss the special problems that confront the practitioner. We do not expect the stockbroker who wants to know anything about his health to read up the standard books on medicine or subscribe to some medical journal—though he might profit by doing so, as the medical man could scarcely profit by reading business books which practically ignore him and all his special economic difficulties. The broker also has the advantage that while the physician has no column in his journal assigned to medical economics, the financial and political paper has a column devoted to health talks and health hints. The other professions—lawyers, architects, dentists, and so on—have such departments in their journals. But we have no department of economics, though it is vital to us.

Then there is the question of charity. Charity covers a number of sins, no doubt; but indiscriminate medical charity does not cover its own essential injustice. The contribution of free medical service to hospitals and dispensaries is one of the causes of medical poverty. There is no reason why physicians should not be paid for their services. The attendants are paid.

Finally, the federal, state and city departments must be compelled to raise their entrance salaries to prac-

titioners in their respective services and pay a reasonable instead of a nominal wage.

We have to get away from that average income of $750 a year. And the best way of doing things is to do them in the best way.

The progressive practitioner has worked out a plan, not from vague, academic theories, but from actual experience, by which the rank and file of the profession can not only make a decent living with a fair degree of security, but can also provide for the future, have suitable surroundings and indulge in reasonable recreation and study. The keynote of that plan is publicity. The different details will be given in the ensuing chapters.

If you will compare the methods of the progressive practitioner with those of the ethicalist, and contrast the results, you can decide for yourself whether it is better to remain in a rut or to take your proper place in the world.

IV

MEDICAL EDUCATION AND OPPORTUNITIES

WHEN a house is not set in order by those responsible for looking after it properly, peculiar things may happen. We have seen peculiar things happening on a large scale throughout the world. Bolshevism has been added to the eccentricities and tragedies of history. But what was Bolshevism due to? The incompetence, corruption and lack of foresight of the constituted authorities.

We have incompetence and corruption amongst the constituted authorities of medicine. We are not afraid of anything like Bolshevism in the profession. But we have reason to expect outside interference if we do not ourselves put matters on a sound basis; and outside interference is not always a desirable thing. We want the co-operation, not the dictation, of the laity. We want reformation, but not a revolution. But if we don't hurry up, the government may have to come in. It seems a travesty that even federal control, which has been shown to be by no means an unmixed boon in other fields, might nevertheless be a vast improvement on the present system.

The best way to deal with the question of reformation is to commence at the beginning. It is our business to educate ourselves. Have we done so?

In the introduction to Bulletin No. 4 or the Carnegie Foundation, dealing with the standards of medical education in the United States and Canada, we read:

'The striking and significant facts which are here brought out are of enormous consequence not only to the medical practitioner, but to every citizen of the United States and Canada; for it is a singular fact that the organization of medical education in this country has hitherto been such as not only to commercialize the process of education itself, but also to obscure in the minds of the public any discrimination between the well-trained physician and the physician who has had no adequate training whatsoever. . . . One of the problems of the future is to educate the public itself to appreciate the fact that very seldom, under existing conditions, does a patient receive the best aid which it is possible to give him in the present state of medicine, and that this is due mainly to the fact that a vast army of men is admitted to the practice of medicine who are untrained in sciences fundamental to the practice of medicine and quite without a sufficient experience with disease. A right education of public opinion is one of the problems of future medical education.'

Here we have the connection between professional education and the education of the people concisely stated.

The existence of many medical schools of a low order is a sad commentary on both public and professional interest in medical subjects. While there is no objection to running medical schools on a basis which offers a profit to the investor, there is a decided objection to letting the investor dictate the policy of the school, the subjects which should be taught and the methods and teachers employed. This false conception of the function of a trustee must be eliminated and the true idea substituted that the proper control of medical colleges must rest with the profession itself. Every practitioner should have a voice and a vote, direct or indirect, in the regulation of the

colleges, which must be so reorganized that the profession will be responsible for the standards of the colleges, and the colleges will be responsible to the profession for the maintenance of those standards.

There must be democracy in the profession. With the rank and file in control of the medical colleges—the key to medical progress—many changes may be effected and a vast improvement brought about.

THE WEST POINT IDEA

One of the first results to be obtained will be the incorporation of the West Point Idea in medicine. This suggestion may be new to some of the profession, but a little elucidation should bring strong support. It has been adopted in many other fields with manifest success, and it should certainly be applied to medicine.

A young man who wishes to be received into the profession should undergo a thorough psychological examination to determine his fitness or unfitness. He should be permitted to enter a medical college only if he comes up to the accepted standard. He will then spend all his time in the college, except for occasional week-ends or vacations. He will live and work in the college from the day he enters until the day he graduates. The lectures can be so arranged that they will not interfere with the other duties of the student. For instance, it might be so managed that during his first year he would have his studies in the morning, leaving him free in the afternoon and evening to act as attendant in the hospital connected with the school. The rougher work should be combined with the more delicate work, to produce a better-balanced, all-round man. It may be noticed, in passing, that nurses and attendants, and also pharmacists, who have taken up medicine have made most successful practitioners.

During his second year, the student might besides

attending his lectures and clinics be assigned as assistant laboratorian in one of the hospital lectures. During his third year he might be in a position to act as nurse, etc. In this way, from the time he enters upon the study of medicine until he is ready to practise, he is doing both practical and theoretical work. The atmosphere in which he lives, the associations, the operations he sees, everything with which he is concerned, will make him fit in the real sense of the word to go out and practise medicine as it should be practised. He acquires hospital methods, hospital cleanliness, hospital regularity, the spirit of research and a fuller love for his profession. And when he is ready to be graduated, he will not be simply crammed with enough theory to pass the State Board examination, as is the case to-day. He will have actual experience in every branch of the profession.

We need both intensive work and all-round work. In medicine, as in business, the demand for trained men, men thoroughly trained in specific subjects, is very great. But the profession does not take any active steps to see that there is a proper supply of such men in the medical field. It waits for them to turn up more or less fortuitously. They do things differently in the army. They know what they want and how to get it. They know that poor methods do not bring good results, that the way to secure efficiency is to practise it, teach it, insist upon it. But how many of our medical colleges have any of the real West Point spirit? Yet the work of the army is essentially destructive, though it is designed, of course, to preserve the integrity and prosperity of the nation. The work of the medical profession is constructive. Everywhere, it creates and builds up: it never destroys human values. Surely such work deserves as much enthusiasm, and should represent at least as much efficiency, as the development of a military machine.

In the businesses where the West Point idea has been adopted, they take the young college graduate and put him into cap and overalls. He works his way up from that point, gets his practical training from boiler room to the designer's board, and is a fully competent man when he is through.

A similar idea is carried out in the British navy. The boy is taken on board ship when he is but thirteen or fourteen years of age, and he is kept on board all the time. He gets his schooling, his training, his theory and his practice right on the spot. He works his way from the bottom through the various grades to the top. He is not only a master of his profession, but he absorbs the finest traditions of the profession. He knows what he has to do, and how to do it. He has skill, confidence and *esprit de corps*. He is balanced, not one-sided; efficient, not erratic.

Such a method of training would work wonders with our own profession. Not only would the average finished product be far superior to the present-day medical man, but the professor would have an opportunity through close association with his students to pick out the ones best adapted to a certain line of work and advise them to specialize in it. For instance, if he noticed that one of the boys about the operating table always had the right instrument at the right time, ready to hand it to the operator, and acted coolly in emergency cases and was in general thoroughly interested in the work, he would naturally encourage that boy to specialize in surgery. If on the other hand he noticed a student interested in internal medicine, or the eye, or specific diseases, he would encourage him accordingly. In this way, with the preliminary examination and subsequent careful training, the profession would get good raw material and would use it to the best advantage. The invaluable personal touch would be obtained by the student, and the older

men themselves, the members of the faculty and so on, would benefit by the changed conditions. An atmosphere of co-operation, instead of one of indifference or discouragement, is not a factor which any of us will lightly undervalue.

During his last year at college, the young man would work at his chosen subject, with the aid of his teachers; and when he graduated his specialty would be indicated, and the public would be protected from the mere chances and mischances of the present system.

SPECIALISTS AND SPECIALTIES

It might surprise a good many of the laity to discover how our specialists are really made to-day. As a rule the practice is for a recent graduate to settle on his specialty and go to some postgraduate school or across to the other side for an advanced course of study. Instead of working, he spends most of the time enjoying himself in one way or another, and then comes back and announces that he is a specialist. If he is in good standing with the local paper, he manages to have a few of his cases reported, speaks of the special diplomas he claims to have received, joins a fashionable church and club and has a pleasant manner and a stylish automobile and residence. He spreads rumor about the reputed size of his practice, and soon finds that the public will regard him as a specialist whether he is really qualified or not. And after that, if he is a good talker, with plenty of assurance, and can get up in the medical society meetings and discuss papers, the medical profession is also convinced as to his ability and he becomes a recognized consultant.

These specialists and consultants who are supposed to be the biggest men in the profession are all self-appointed, and at present no one can gainsay their right to this self-appointment. In fact, I know a

number of men who after spending fifteen, twenty,—and in one case twenty-five—years in general practice, suddenly decided to go in for a specialty, simply because there was more money in that line of work. And who is to stop any practitioner from passing himself off as a surgeon or eye man or obstetrician?

The code of ethics does not permit us to denounce impostors of this character, who deliberately defraud their patients and are willing to sacrifice life and health for money. We condone criminality. Yet no physician or surgeon has any more right to misbrand professional services than a grocer has to misbrand foods or a druggist to misbrand medicines. There is a penalty in the latter cases. There should be a much more severe penalty in the former.

The profession must take control. If a man wishes to pursue a specialty after he has graduated, he should be licensed by the profession when he has passed the proper standards. Nor is this alone sufficient. Every few years these men, as well as all other practitioners, should be called up for an examination, not necessarily highly theoretical, but a fair examination to see whether the individual is keeping abreast of the times. Each man should be rated in ability and efficiency. In this way both the laity and the profession will know that Dr. So and So is well qualified to practise this or that specialty, and that it is perfectly safe for patients to trust themselves to his care.

This need not be effected by written legislation. All that is necessary is for the profession to get together and decide that examinations be held, say, every three years by certain boards appointed and controlled by the profession and not by political or wire-pulling cliques. Then we shall know how each man stands. This will in itself act as a stimulus to everyone in the profession. They have periodic

efficiency tests in the army. Why should we not have them? Do we care less about efficiency?

There is in fact a fellowship of surgeons which is being operated on a somewhat similar basis. No one can enter into membership unless he receives a certain rating in surgery, and then he must devote his entire time to that specialty and to nothing else. The wider application of this principle would have splendid effects for the profession.

It may be the impression of the general practitioner that there are too many specialists in medicine. The contrary appears to be the case, however. There are too few to-day. The future will see specialization carried out to its highest possibilities. We are beginning to realize that the modern way of doing things is to divide them into distinctive parts and employ specialists to devote themselves to each part. Nor is this specialization an arbitrary or artificial development. It is natural, for nature endows every person with more skill in a particular branch of endeavor than in others and it is the inherent tendency of the individual to develop his ability along the special line and to neglect the others. In fact, much practice in one branch of work lessens efficiency in the others. One cannot concentrate and get the results of concentration without losing something somewhere else; but the gain more than balances the loss. This is beyond doubt the age of specialization. 'The man who knows all about everything is not in demand. What are needed are persons who are trained to do one thing—and do it better than anyone else.' One may know in a theoretical way the various departments of engineering, electricity, music or law; but when it comes to doing the actual work in any of these callings, only a specialist can qualify.

There are many specialties which have been neglected almost entirely, although they belong integrally to the

profession. They would prove not only interesting but particularly remunerative to those who would take them up.

Too much attention has hitherto been given to pathology and not enough to physiology. As a result, the profession has come to look upon patients as pathological specimens, as mere cases. The normal human being has been disregarded, though an intelligent study of his needs, of how to keep him normal and minimize decay, would bring ample compensation to the physician who so specialized. The value of such work to the community is obvious. But the medical profession has ignored it and the normal man often puts himself in the hands of professional athletes—health builders, muscle builders, brain builders, and so on,—who do not understand the anatomy, physiology and pathology of the human being and are not qualified to render the right sort of service, though it would be wrong to say that they are not doing any good. They sometimes do much good; but they sometimes do much harm. Let those who wish to specialize in a branch of medicine that is really worth while take up this study and specialize in prophylaxis. There is a wonderfully rich and fertile ground for the willing worker in the building up of the body and the prevention of disease.

In this connection I will mention the phenomenal success of the Health Institute of New York, which examines applicants, advises them as to their defects and outlines for them courses of exercise, etc. This institute and those connected with it have been tremendously successful, because they appeal to a class of people who realize the value of health and that a stitch in time saves nine. Also it is worth remembering that most of the cults depend for their material upon the failure of medical men to specialize in this branch of work, and the number of converts made by

the cults ought to prove instructive even to the slowly moving medical mind.

Psycho-therapeutics is another neglected specialty. The practitioner has been too deeply engrossed in the body to think sufficiently of the mind, and sometimes it may truly be said that he has been so absorbed in the study of the symptoms that he has forgotten to diagnose the cause of the disease. It is certainly a fact that we too often forget to think of the influence of the mind and in many cases we treat a disease as if its cause were in the body alone, when it should be obvious that the primary cause is in the mind. A little man may be able to cure syphilis: but it takes a big man to cure syphilophobia.

Freud has given the subject a renewed interest with his psycho-analysis, and those who have devoted attention to this study know that there is none more fascinating in the whole field of medicine. It is fraught with extraordinary possibilities, and few can claim to foresee where its paths may lead if properly followed and what miracles may be accomplished. As Hereward Carrington has put it, Shakespeare's question, 'Canst thou not minister to a mind diseased?' may now be answered by saying: 'Yes: I can: I am an expert in psycho-analysis.' Truly an excellent specialty.

Closely related to the question of psychics is that of electro-therapeutics. How many of you have really made a sincere and unbiassed study of this subject? In my personal opinion there is little that we have so far discovered that can be compared with electricity as a therapeutic agency, and as a diagnostic agency there is nothing to equal it. High-frequency, sinusoidal, faradic, heat and light waves are some of the physical forces which are practically unknown to the general practitioner and only slightly better known to the specialist, as the field has merely been scratched on the surface and what we shall find when we get

deeper into it only the future can reveal. If there is any young man who is anxious to do original research work, here is an opportunity of the greatest interest and promise.

We also need more expert diagnosticians; and we need the expert therapeutist, who will constantly keep in touch with the latest developments; who will not disdain to test a new method of healing, even though it comes from the cults; and whose knowledge and services would be available for the profession at large.

Under the general heading of sociological medicine, we include a large number of specialties which are closely allied to each other, which merge one into another, so that it is difficult to define each by itself. All of them deal, however, with the relation of man to man, or of group to group.

Who understands man better than the physician? Who is more fitted to comprehend his temperament, his mental aberrations, his fits of despondency, his moments of hallucination, his periods of violence? Who can realize more thoroughly the causes of his prepossessions, his political and personal prejudices? Who could combat better, if he cared and was prepared to do so, the incessant disorders and extravagances of what we call civilized life? The social doctor could do an enormous amount of good in a community, and the specialist who devoted himself to work of this nature would through his medical knowledge and expert diagnostic skill be of invaluable service.

One of the most prevalent and widespread causes of suffering is the misunderstanding or misdirection of the sexual impulse. We all know that; we all know of cases where after long years of companionship and courting, of the most affectionate feeling of each for the other, a couple will be at daggers' ends, a week after marriage. We know the causes of these unhappy conditions. We understand the psychology of jealousy;

know in how many instances a wife or husband is accused groundlessly of unfaithfulness, and is continually reproached and suspected. These are all cases for the physician. Surely we should not permit anyone to say that he understands sexual relations, sexual disorders and sexual psychology better than the medical fraternity! And yet we tacitly assume that lawyers know more about these subjects than we do, by letting them monopolize the settlement of disagreements arising from such causes,—and this in spite of the fact that instead of effecting reconciliations, they so often urge separations and divorces. Lawyers are the undertakers of marriage. The physician would be the preserver. No one will gainsay, I am sure, that scientific treatment is better than the invocation of the law in cases of sexual psychology and pathology. The physician should certainly deal with such diseases of the mind. For diseases they are. Jealousy may be more troublesome than jaundice, hate than heart-disease.

It is not necessary to point out what the medical man who specialized in this sort of work could effect in the community; how many homes he could save from being wrecked; how many families he could rescue from wretchedness. As for the economic aspect, the physician and the patient would both benefit, as is always the case where proper service is rendered. A specialty devoted to the scientific preservation of human and family relationships, a specialty providing prophylactics against social disorder and diseases, as prophylactics are provided against other diseases, would be far more remunerative than our present-day practices, in which we treat certain pathologic conditions only and neglect many of the most important and most pernicious.

In the education of our children and in the regulation of their schoolhouses, playgrounds and general environment, the social doctor can certainly play an

important rôle, if he only will. He can insist upon simple hygienic precautions which even now are generally neglected. He can prescribe in both preventive and remedial cases. He can, by diagnosing the cause and correcting it, often make bright pupils out of dull ones. He can protect the normal child and relieve the child who is not normal. What a tremendous difference in behavior, in studies, in mental aptitude, will the correction of one diopter make, or the elimination of a septic focus in the tonsils, the adenoids or at the apex of a tooth! What a field for a physician!

And finally, as a social factor the physician should be in charge of sanitary conditions in the community and should have the deciding voice in the construction of tenements, factories, schools, hospitals and public buildings, with a view to safeguarding the health of the public and of those who live, work or study in these buildings. He should specialize in vocational needs and vocational diseases.

In order to effect these changes and perform his proper duties, the physician will have to abandon his ethical seclusion and make himself known, not only occasionally, but continually and consistently. He will have to enter the political arena and influence legislation for the welfare of the community. He must use the public forums, the public platform, the public press. He must be willing to assume the leadership that belongs to him in so many ways.

All these subjects will have to be considered in the medical colleges and the necessary training given, so that every graduate may be prepared to assume his rightful position in the community, just as the theological student is prepared to occupy what he considers his proper place as spiritual adviser and thoughtful counsellor. This will mean that our medical men of the future will have to be better and brighter men than is the rule amongst us to-day. We shall only

get these men—men of the essential type—if we have the West Point idea thoroughly inculcated in the profession. We need that idea, with all that it means; and the public needs it.

Another subject which will have a tremendous influence on the future of medicine, and for which a special chair in our colleges will undoubtedly soon be provided, is that of medical economics. I have already discussed this question; but none of us can say, as Kipling used to say rather too frequently, 'But that's another story.' It is always the same story—of inefficiency on the part of the profession, and indifference, naturally, on the part of the public. We have been inexcusably culpable in neglecting our own interests. Without economic independence the physician cannot possibly give the best that is in him and the public cannot receive from him what it really needs.

PREJUDICE AND PROGRESS

There remains the very simple question of prejudice, which is as old as the hills that used to be called everlasting. Our engineers know what modern explosives can do to hills. We know what modern knowledge, modern adjustments, ought to do to prejudice. Bigotry is not dead; but it is dead with all men who are not admittedly negligible. The medical man must be open-minded, broad-minded, receptive to every new advance in medical science, ready to learn and to acknowledge that he has learnt. The Dreadnought of ten years ago is archaic to-day; but the naval man does not dispute such facts, he accepts them and prepares a new programme. Well, the medical man must accept facts. He must be ready to scrap whatever is obsolete and build on fresh principles. All the stubbornness in the world will not make an exploded theory effective in the twentieth century. It is no

good looking back to the stupidities or outgrown efforts of the past, as if we regretted them. We have to look forward to the possibilities and new triumphs of the future. Experiment, innovation is the essence of progress. And we must remember that we might have made many discoveries long ago if we had only had the spirit of inquiry and the habit of impartiality. All that is valuable in Christian Science, for instance, has been in our libraries from time almost immemorial, —certainly from years when library shelves were somewhat restricted. But we never looked into the matter, never appreciated the value of its principles, although they had been put into successful practice as far back as medicine was known to exist,—as far back as the earliest days of Egypt and the beginning of hieroglyphics.

There is so much good in the various cults that even the most conservative medical man must admit that they do produce beneficial results. Why should we not study the principles involved, using to its full value whatever appeals to our rational judgment and discarding what seems false and insincere? We must realize that the people are not all fools; and if they go to these irregulars and come away satisfied, as so many of them certainly do, they must receive something worth while.

But we know that the people would much prefer to be treated by scientific medical men in whom they have complete confidence, than by correspondence school graduates and similar opportunists whom they always distrust a little, at first. But if they find they can get something from these people that they cannot get from us, they will continue to go to them. They are tired of pills, powders and plasters and they do not want to wait indefinitely for results. They prefer immediate relief, and by manipulation they usually get it, even if that relief is only temporary. Much can

be done, and well done, by the profession, which is now left to more or less ignorant dealers in psychic treatment. We have not considered the psychology of imagination, as a medical factor. I know personally of a woman whose mouth was in a horrible state—receding gums, sores, general decay. She was cured by Christian Science—and has stayed cured for six years. Call this imagination, or what you will; but don't forget that imagination counts. We know what suggestion can do in hypnotism or semi-hypnotism. All the cures at Lourdes, all the modern miracles, were not ephemeral. Subjective, yes: but results count. We may as well investigate and not be childishly didactic. We have known things for decades with regard to the influence of emotion on the circulation of the blood and the effect of such a changed circulation on the general organism. But how far have we developed that knowledge, systematized it, used it?

We don't wish to be faddists; but we don't wish to be antiquarians only. We have just seen the elaboration of radio telegraphy and telephony. We may soon hear of discoveries much more striking in both psychic and physical medicine.

I have outlined only a moderate programme. Every feature in it is in the legitimate field of the practitioner. I hope to see the day when that programme will be a commonplace of medicine; when the profession will occupy itself more and more with the prevention rather than with the cure of diseases, social or personal. That day is surely approaching, and when it comes the medical man will take his rightful place in the community.

Before this happens, however, the practitioner will have to change from the old conservative to the young progressive type, so far as ideas and open-mindedness are concerned. There must be no more persecution and ostracism of those who have worked for the wel-

fare of the profession. The spirit of research, the habit of tolerance with regard to the views even of those with whom they are in disagreement, must be taught to the young men in college. We can achieve nothing with the present-day attitude that everyone who does not accept our tenets is wrong, that everyone who does not endorse our prejudices is contemptible, that everyone who does not conform to our narrow ethical rules must be harshly disciplined. Let our students learn to think along new lines and experiment in new methods. And our older men may renew their youth a little in reviving their enthusiasm and relaxing their bigotry. Intolerance has been the retarding element to progress of any kind, in every field of human effort; and the medical profession has been culpable entirely too frequently.

V

HOSPITAL AND DISPENSARY ABUSES AND REMEDIES

THE hospital should be the temple of the medical profession. It should have its ritual—the ritual of efficiency. It should be a place, not only of healing for the sick, but of inspiration for the healers. It should be in truth a sanctuary for the physician, as well as for the patient. Medical men should be able to come to it to get into touch with their comrades, to renew their interest, to watch the latest methods, to ask for counsel when they are in doubt as to some difficult case. They should go away refreshed by contact with their fellows—with the older men, rich in experience, and with the younger men, rich in their energy and ideas. The whole atmosphere and environment should convey the spirit of the profession—helpfulness, quietude, system and organized skill at the highest attainable point.

The efficiency mark of a hospital should be 100 per cent. That is not in any way an impossible standard. It should certainly be the standard aimed at, and in the vast majority of cases reached.

There should be no unfair discrimination between the influential doctor and the new man who is trying to find his way in the medical world. And there should be no unfair discrimination between patients, between the rich and the poor. It was not intended that any distinction should exist in the forms of treatment or in the quality of service. Physicians, surgeons, nurses

and attendants should give their best to all impartially. But do they?

We know of gynecologists and obstetricians who force their non-paying patients out of the hospitals, to make room for new ones, much more speedily than they do with their paying patients. That is putting the situation very mildly. First and second year nurse-students are assigned to take care of charity patients, while third and fourth year students attend the private wards of the paying patients. Money, as usual, talks.

In the dispensary, more than in the hospital, the character of service is determined by the fee received. A surgeon of skill will be inconsiderate, callous, even criminally brutal in the dispensary, though in his own private practice he may be favorably known for his gentleness. Just as some people are spoilt by prosperity, other are spoilt, in a far worse sense, when they are dealing with the unprosperous. Charity may begin at home, but it need not stop there. The disdain with which they are treated, the degrading conditions, the utter manhandling in many instances, certainly do not help patients to feel at ease in these charitable institutions.

Dispensary practice is usually taken up simply for the purpose of advertisement. It is satisfactory neither to physician nor patient. It is unscientific and unregulated. But it has one very useful purpose—the securing of clinical material for the schools. Judiciously regulated, however, the dispensary would be of real service to the public—a charitable institution in the proper sense, and not a medium for degrading the patient.

In the city of New York, with its population of seven and a half million people, there are thirty or forty doctors who control all the hospitals. These men are not in any way under the direction of the profes-

sion. They are neither selected nor approved by the profession. They are dictators who decide autocratically the policy of the whole medical world. This is an ominous reflection upon the intelligence and spirit of the profession, as well as an open abuse of the patience of the public. The absurd and dangerous one-man control of a hospital by an egotist who thinks the institution is his private perquisite, from the basement to the sky, should not be tolerated by a democracy such as ours.

There is a rather widespread idea, however, that the hospitals belong to the people. This, of course, is not so. In most cases they are owned and conducted by corporations or individuals who run them upon a financial basis and are always willing to beg from the public. Their advantageous position enables them to compete against the private practice of physicians, and they use their power unscrupulously. Some of them, in fact, enter into contracts with lodges, fraternities or factories, and in return for a certain amount of money donated yearly to the hospital, they agree to furnish free medical and surgical service to the members, whether those members are really entitled to receive charity or not.

By no means infrequently an assistant is expected and indeed required to secure consultations for his chief from the material in the class. In my own case, when I was assistant to a certain physician who had charge of pediatrics at the clinic I attended, I was expected to visit patients, ostensibly to find out how they were getting along, but in reality to see if I could obtain consultations for my chief. This was not inspiring work; but it was a regular part of 'ethical' procedure.

Other dispensaries do not hesitate to ask a patient whether he would not like to get better treatment than he can obtain in the free clinic by paying the small

sum of one dollar per treatment. The patient pays the dollar and receives the treatment from the hands of a nurse. In other cases he may be asked to pay $25 for five or six injections of salvarsan and so on.

Because they are not individuals, but institutions, the hospitals have many privileges not accorded to the private practitioner. They may advertise; they may commercialize their practice, and nothing is said by the ethical profession in protest. With their wide opportunities, they have large numbers of patients and naturally many applicants for positions on the staff, where the man trying to establish himself can gain valuable experience and free advertising. With four or five times as many applicants as there are vacant positions, there is an excellent opportunity for the institutions to secure the best men. But the opportunity is not used. There is no system designed to protect the profession as a whole and encourage the most promising of the new men. A trustee has a brother who has just graduated in medicine; irrespective of his ability, he is given the first vacant place on the staff and his chances of success, unless he is quite hopelessly incompetent, are better than those of any self-made medical man, however skilled. If a man has no inside pull or cannot make a substantial donation to the hospital, his chances of getting connected are very meagre.

Why should the hospital opportunities and facilities be restricted to a few who are in this way aided in making a name for themselves, while better men are repulsed and discouraged? Why should there not be a more equitable method of securing admission? Why should not the doors of the hospital be opened to all, so that all might have an equal chance of acquiring efficiency?

In the dispensary the conditions in this respect are not so bad. Almost anyone may enter and practise.

But as I said before, it is not scientific practice or good training that one gets here. The tendency is to harden the beginner, to brutalize him. The only inducement offered to the practitioner lies in the publicity value. Yet here, if anywhere, is the place where the accomplished medical man might help the young man on to success, where the successful man could give the young and inexperienced one a helping hand, because here one can discern real ability. It does not take long for the professor to realize that one of his assistants is especially apt, and it would not be detrimental to him if he would use his good offices to see that this skilful young man is not lost to the specialty which he is practising, or to the profession entirely. But co-operation of this kind is not the custom of the dispensary. Far from being encouraged, the young men are definitely discouraged. Unless the chief dies or retires, they remain under him, unknown and unappreciated by the profession. He is their arbitrary superior, and no one else is acquainted with their work or capabilities. If they don't like the conditions, they can get out. That is all.

But 'ethical' medicine has strange ways. The physician who tries to get into a dispensary does so because he knows that the majority of the people who attend such an institution can afford to pay for medical service, and so by serving them without charge, but whispering to them that they need more individual attention, which they can get by calling at his office, the address of which they will find on the card deftly slipped to them, he may succeed in building up a nice little practice for himself. This is one of the consequences of tolerating charitable institutions where the majority of the people who receive benefits are well able to pay for them.

As the situation stands now, one-fourth of the com-

munity is treated in these institutions—a direct encouragement to the pauperization of the people.

There are three main reasons for this state of affairs.

First, we have the patient who can afford to pay, but who wants to save money. In this class we find those who are rich enough to pay a regular, proper charge for skilled service, but who prefer the dispensary because it saves them the cost of a doctor's bill. They economize in one of the great essentials of life—efficient medical attention—in order that they may have more money to spend on the unessentials.

Then there is the middle class, the people who have to choose between paying $10 or ten cents, or perhaps between $25 and twenty-five cents. But dollars are important to them. They come to see the specialist, and while they can get the money to pay for the service, they cannot in the strict sense of the word 'afford' to pay for specialist service at the prices imposed in private practice.

Third, we have the class of patients who are recommended to the dispensary by their own physicians, because those physicians have not the necessary knowledge of the conditions involved and are too lazy to study and keep up to date, yet do not want their patients to get into the hands of competitors; or possibly because the doctor has not the equipment required for the work, such as X-ray apparatus, or because a surgical operation is needed, or because the uptown or downtown specialist charges too much.

There is an increasing tendency on the part of the public to patronize the dispensary and hospital service, even when they can afford to pay, with the result that it is becoming more and more difficult for the rank and file of the profession to earn their livelihood. From the economic viewpoint alone, the profession should reorganize its public institutions. But there is also the scientific viewpoint which is no less pressing; and

there is the viewpont of *morale*, of general professional efficiency.

To give medical relief indiscriminately is not an act of kindness, but of stupidity. The practice has created and is perpetuating a new kind of pauperism—a spurious pauperism. Patients who are well able to pay are induced to become mendicants, and the general practitioner is impoverished because he is deprived of his legitimate source of income. The original idea of the dispensary had reference to the good of the profession as well as the good of the public. Selfishness, the lack of clear vision, the absence of *esprit de corps*, of an organization designed for general efficiency and not for individual and unfair advantage, have perverted the original purpose. The medical profession will always be ready to help the helpless, but it need not encourage mendacity and mendicancy and stultify itself without really aiding the community. On the contrary, the community is hurt in more than one way. When those who are not entitled to it receive gratuitous aid, many of those who need it, who are really unfortunate and without means, are deprived altogether of service, or receive only hurried and casual attention.

This protest against the pauperization of the public is one of fact and not of fancy. Statistics show that the increase in dispensary cases is greatly out of proportion with the financial prosperity or depression existing at the time, that there is indeed no connection between the two. In New York State alone, according to the State Board of Charities, the number of dispensary treatments rose from 4,043,254 in 1912 to 4,780,236 in 1915—an increase of three-quarters of a million. 1915 to 1920 shows, proportionately, an even greater increase. Interesting figures!

As the dispensaries are constituted at present, the physician who gives his services free is condoning a

serious wrong and working a great hardship not only on himself individually, but upon the whole of the profession. He is pauperizing the laity and cheapening his own work; he is harming his fellow-practitioner because he is depriving him of the opportunity to earn his living honestly, and he is preventing others from getting necessary and valuable experience because he monopolizes a clinic for years at a time.

But if the doctor is satisfied to work without pay, why should anyone else worry about it? The grafting which corporations and the municipal, state and federal governments are doing on a large scale, individuals are doing on a small scale, though the aggregate of smallness becomes distressing. Yet it is human nature to try to get something for nothing, and when it is so generously offered, why should the patient hesitate? This has become so much a matter of habit and routine that even wealthy people ask for and receive free treatment at the hospitals and dispensaries.

The following editorial on the rich charity patient appeared on June 14, 1915, in the 'Evening Mail':

'There is nothing unusual in the story of a charity patient in Bellevue Hospital being worth $15,000. In this case the discovery was made through application for letters of administration.

'Now this city spends $4,000,000 a year through the Charities Department, and $1,500,000 more in maintaining Bellevue and its allied hospitals. This $5,500,000 comes out of the pockets of the taxpayers, and the people who obtain free medical treatment in the city institutions, when really able to pay, are simply robbing the taxpaying public.

'The cost figures so largely in the hospital budgets that the taxpayers ought to be protected against this robbery, which can be done, in the first place, by putting all the city hospitals, as well as all other municipal charities, under the Department of Public

Charities, instead of distributing them among three departments.

'Then, in justice to the taxpayers, every patient treated, every person cared for in any institution, ought to be billed for the cost of the service rendered. These bills should go to the bureau of social investigations, which has been formed in the Department of Charities, and the director of that bureau should be empowered to cancel the charge if the patient is entitled to public charity or to forward the bill to the corporation counsel for collection if the person is able to pay and does not settle directly with the department.

'This may seem like putting a hard face on kindly charity, but it does nothing of the sort. It simply is taking steps to protect the taxpaying public from imposition.'

Every applicant, of course, should be given treatment and not sent away pending investigation. But an investigation should certainly be made during or after the course of treatment to determine whether any imposition is being practised. It is no more right for a man to receive services through deception than to receive goods. False pretences are not viewed kindly by the law, and they should not be tolerated—at present they are encouraged—by the physician.

Each new hospital case costs $100. That is the average. Another $100 for each case is required for overhead expenses. The total cost for all patients is enormous. Yet the hospitals only provide for ten per cent. of those who are bed-sick. The other ninety per cent. are treated in their homes.

There are many who deliberately use the hospital and dispensary service, knowing that it is not the right thing to do, since they can afford to pay for such service. But there are other cases of mistaken impressions. One man of fair income told his doctor that he

was going to the hospital to have an operation performed. The doctor remonstrated with him, pointing out that his circumstances did not warrant the receiving of charity; but the man insisted that as long as he paid taxes to maintain the institution, he had a right to expect a return in the form of service when he needed it. He was astonished to learn that medical service was donated by the attending physicians without any compensation, that they were donating it as charity, and that if he went to the hospital he would be receiving this charity. He saw the point then. No doubt many others of the laity would be surprised, and would have more consideration, if they knew exactly how much charitable service the doctor is rendering all the time.

There is no question that the hospitals and dispensaries are not only tending to make the public dependent upon charity, but that they are inflicting great hardships on the private practitioner. That was certainly not the intention when they were established. They were designed for the good of the public, but not for grave injury to the profession at large. It is not right that the young man, starting in to practise, should have to compete for his livelihood with an organized body like a hospital, the facilities of which he cannot approach and the services of which he cannot even begin to imitate. If he had received any encouragement from the institutions that now stifle him, if they had helped to direct his abilities into the best channel and had given him both experience and the opportunity to apply that experience most appropriately, the case would be considerably different. But with the vast majority of the profession this is not so. The institutions have been unwilling to help them and to promote the welfare of the profession generally; but they have been far from unwilling to profit at the expense of the average practitioner.

I do not for a moment mean to suggest that the hospitals should be abandoned or crippled merely because they work a hardship on the private practitioner. Were it necessary, I would be the first one in favor of suppressing all private practice, if that were for the good of the public in general. But such is not the case. I can see where the hospital has a legitimate field, and I can also see how, by the establishment of certain other facilities, the people could receive as much benefit as they now receive from the hospitals,—probably more, —and at the same time maintain their self-respect, paying according to their ability for the services they receive, and so securing for the practitioner a compensation commensurate with the skill and labor required.

Another phase of the subject, and one which concerns both physician and patient, since both are injured, is the unprofessional control and management of medical institutions. At present practically all hospital direction is simply a matter of politics or business and is dominated by the desire for increased financial prosperity, rather than by disinterested consideration for the good of the community, or of the physicians employed, or of the individual patients who apply for the treatment. Is it not time for the profession to take charge of what are fundamentally its own affairs and elect a board of overseers not controlled by Wall Street, or influenced by intrigue, or made impotent for any useful purpose by prejudice, ignorance and general incompetence in the sphere that they have invaded? The majority of trustees are financiers, stock brokers, bankers, church or political luminaries. These men may render excellent service in the lines with which they are familiar. Business methods and business acumen are required wherever organization and efficiency are concerned. But that is scarcely a sufficient reason why the staff of a hospital should have

no real voice in the hospital management or policy; why medical affairs should be at the mercy of Wall Street; and why medical men should be arbitrarily dictated to by men without medical training, without knowledge of medical requirements and without any conception of true medical ideals.

One of the results of this outside control is the dehumanizing atmosphere of the hospital, the sense that the patient has of receiving impersonal treatment. No one takes any particular interest in any of the patients; they are all cases, pathological specimens of one kind or another. The sufferer is not Mrs. Jones or Mr. Blake; there is no sufferer, no individual,—simply a case of hysterectomy or appendicitis. On the other hand, one of the most essential factors in a private practice is the very element which we find lacking in these institutions,—the humane feeling toward fellow human beings. In a private practice, Dr. Smith is interested in the illness of Mrs. Jones, and she feels that he is taking this personal interest in the case and is doing all in his power to help her. In the hospital, however, a certain course of treatment is being employed, and no matter how the patient responds to this course, it is pursued consistently until a sufficient number of patients have died to justify the conclusion that the treatment is not a correct one. Thousands of lives are sacrificed uselessly to this institutional, detached attitude, to this feeling that it is not patients who are being dealt with, but clinical cases.

You may say that in this the physician is surely to blame; but I think that a little reflection will show you that the faulty results are due to a faulty foundation, for which the physician is not responsible, except in so far as he has not had sufficient courage to insist upon taking matters into his own hands. As I have pointed out, the trustees are the managers of these

institutions. They, and not the staff, dictate the policy of the hospital, the expenditures for various purposes, and sometimes even the mode of treatment to be pursued. The physician himself, without an effective voice in the arrangements which he should control entirely, becomes institutionalized; he yields to the atmosphere and traditions of the place. That is regrettable, but it is simply a matter of cause and effect. It is therefore quite logical to suppose that if conditions were altered, the results would be different. Although some of the baneful influences would not be eliminated by this change of control, such a change would be a great step toward the solution of hospital and dispensary problems.

It may be admitted that if institutions are financially endowed by the trustees, or by those whom the trustees represent, these men should have the controlling voice in the management of the hospital, if they are competent to exercise it. But they have proved themselves quite incapable. Even so, it may be asked how we can expect these men to contribute their money to such institutions if they are deprived of their voice in the dispensing of the charity, and by what right will the physicians of an institution take over this prerogative? As a matter of fact, the physicians and not the trustees actually donate more money or money's worth to these charitable institutions, and if they have been willing to sit back and let the minor contributors have the honor of being trustees and managers, it is because they have not faced the conditions fairly and squarely. It has been estimated that the 8,500 doctors in the city of New York contribute free medical service to the value of twenty millions of dollars every year. That is an immense amount. I would venture to say that very few medical men realize the vast total of their annual contributions. But it is evident that if the physicians donate such a generous sum to the hospitals

and dispensaries, they should have the deciding voice in the management, policies and expenditures of the institutions; for they are doubly qualified. They not only contribute this money value, but they could bring their trained skill and professional knowledge to the direction of a professional institution which cannot be properly controlled by a layman.

REMEDIES FOR WRONG CONDITIONS

There are many remedies which would more or less ameliorate the present condition of things. I will suggest a few.

In the first place, if the hospitals and dispensaries are to remain, they should be only for the poor and not for those who can afford to pay for medical attention. In the second place, the medical men connected with the institution should select the supervisor. We need to democratize the profession and dispossess the autocracy that exists to-day. You will notice, I hope, that all through this book I have emphasized that vital point. If democracy is good enough for this country, it is good enough for any institution in the country. When a man is appointed for an indefinite term of office, he becomes an autocrat and his appointees become bureaucrats. Under a democratic system, where the chief is elected and the clinicians in charge are elected and all are subject to recall, there is immediately a changed condition of mutual responsiveness and responsibility which cannot but result in good for the profession and for the patients under treatment.

Looking at the question purely from the professional point of view, we can at once see some of the advantages of the system suggested. It eliminates life-tenure on the part of those in charge of classes. In a community there may have developed an individual technique. Under the present system only the technique

of the man in charge of a class ever becomes known to the profession, because they see him using it continuously, while those under him, of course, imitate him. But where a clinician is elected for a period, say, of two years, there is an opportunity to elect different men and study the results they obtain with their different methods and technique, thus enabling the profession to choose the best for general purposes or to adopt any modification that has proved its value.

Another advantage is that a young man in a class has a chance of winning recognition by meritorious work. A chief clinician, knowing that his term of office was limited, would notice the peculiar ability and adaptability of one of his assistants and would recommend him for election to that clinic. This would certainly prove a great stimulus to application and conscientious effort on the part of assistants, in contradistinction to the policy of to-day, where the young man is indifferent to his work, since he has no chance to succeed, and keeps coming to the clinic solely because of the advertisement he derives from his position, and perhaps because he may occasionally 'steer' a case and so profit privately.

Then there should be free access on the part of all physicians to the use of hospitals and hospital facilities. Each physician should be a part of the hospital —not an intruder, but a member, as a lawyer is a member of a court. When a student graduates and receives his licensing diploma from the state, the state practically notifies the profession and the public that this young man is fully able to carry on medical work in the proper way. It evidently, in issuing the license, did not intend to debar the holder from perfecting his knowledge and increasing his skill by attendance at a hospital, nor did it intend when granting a charter to a hospital to limit the benefits to be derived in the professional sphere to a chosen few. On the contrary,

the hospitals were chartered by the state to help the progress of the entire medical profession, as well as for the benefit of the patients to be treated therein. It should not only be permissible for every doctor to avail himself fully of the facilities of the hospitals, but there should indeed be compulsory attendance, to ensure that every practitioner is kept in touch with new discoveries and improving methods. There should also be facilities for different departments to 'get together' for their mutual advantage. In my own experience, after five years of dispensary work I did not really know five of the men there. We were all up against a wrong system.

In this connection I should like to refer to the view of the Rev. Ernest A. Miller, of the Methodist Episcopal church at Cuyahoga Falls, Ohio. He says that every new church should be built with a suitable and commodious assembly room which can be used for social gatherings, entertainments, moving pictures, etc. The idea might well be extended to medical institutions, so that both the profession and the laity could find a suitable centre, available for all the purposes for which it is so essential that they should get together.

THE LACK OF UNIFIED PURPOSE AND METHOD

It would seem that every useful instrument of service by which the rank and file of the profession could increase their efficiency is controlled by a few individuals who disfranchise all the rest. What applies to the hospitals also applies to the colleges, the boards of health, the printing press and the newspapers. The profession and the public, and not self-constituted cliques, should be the full beneficiaries.

There is no question that the physician deserves a fee for the work he does at the hospital or dispensary. Why should he be expected to work for nothing while

the porter, the attendant, the clerks, the telephone operators, all get their pay? The doctor himself is chiefly to blame for this condition of affairs. If he would refuse to render free service and would demand a just compensation for his skill and knowledge, he would receive that compensation. Knowing that their services are indispensable to the running of a hospital or dispensary, it is surprising that physicians did not demand long ago that they be paid, and paid adequately, for their work.

But here comes in the question of professional selfishness, disunion, lack of unified purpose and unified effort, together with the selfish control of institutions and their staffs by financiers and their representatives. At the present time, if a physician refuses to serve in a hospital or dispensary, there are a dozen others who will gladly take his place and even resort to petty politics to get it, knowing that they will not receive any direct monetary return whatever. In their 'ethical' eagerness they are willing to let the profession sink into any kind of condition, if only they can secure some special advertisement for themselves. There is but one remedy for such a state of affairs, and that is proper organization and the building up of a true professional spirit.

The present organization, so-called, is a failure. The medical societies, with few exceptions, are dull and dreary groups, whose chief function is the wasting of time and the discussion of 'scientific' papers. Not one really striking discovery in the United States has ever been made public through them. There is no real cordiality, no stimulating fellowship and co-operation. Prosiness, ill-natured criticism, personal fault-finding, and the desire for self-advertisement and self-aggrandizement are the chief characteristics. They have no vitalizing force. The Ex-County Medical Society of New York, for instance, holds seven

meetings a year; its expenses are over $18,000 a year. $2,600 represents the cost of each meeting, for it is difficult to discover any other form of activity on the part of the society, even ostensibly designed to benefit the profession. What does the profession at large get out of these meetings? It has no voice or vote in the arrangement of the programme to be carried out, in the selection of the subjects to be discussed, of the papers to be read.

Let us consider one typical meeting. What do you see there? Does this man who presides know that he is officiating at a $2,600 meeting which the profession has to pay for? Do the members who come to the meeting know that? They have never thought of it.

The average attendance, so far as I have observed, is two to three hundred members. Is there any spirit or vision of youth there? Look on the faces. Unresponsive. You can see that these men belong essentially to the keeping-up appearances class.

Some of the papers are occasionally interesting—or would be if they were read in the right way. Others are so highly technical that members fall asleep over them.

The presiding officer puts no vividness, no sense of worth-whileness into the proceedings. He is just a dummy for the cliquesters. Everything is referred mechanically to the secretary.

If a member rises to put a question or ask for information, the presiding officer may murmur 'Yes, yes,' or he may maintain an uninterested silence. When the member gets tired of waiting for a reply, tired of the unresponsiveness, of the futility, he sits down.

That is a fair impression of an average meeting. I record what I gathered from six of them, without the slightest animosity. For though the progressive practitioner is officially *persona non grata* at all the functions of the regular association, unofficially he is wel-

come to these $2,600 meetings and collations, to the regular conventions, libraries, etc. So it is with a sort of gratefulness that I say what I think of the whole thing.

It is interesting to note, by the way, that the last meeting of the New York State Medical Society did not receive a line of comment, was not referred to in any manner, by a single New York newspaper. Evidently organized medicine is not regarded very highly by the trained editors who have to deal with live events, and not with dead or dying mummeries.

The societies should be democratized; their meetings should be managed by the profession at large and a new atmosphere developed. Why not occasionally, instead of a paper, say, on thoracic surgery, have one on a subject not only of general interest, but of daily and intimate appeal? A paper, for example, on 'How to Make a Living,' prepared by experts and discussed frankly, would be of great value. It is useless to pretend that the average physician is not grossly ignorant with regard to this fundamental question. He makes the most elementary, but often fatal, mistakes. Organization, education, group action, are necessary for the economic welfare of the profession. We get scientific medicine pumped into us all through college; but what about practical medicine? After we graduate, we attend society meetings more or less regularly to continue our scientific medical education; but what do we still hear or do about practical medical service? A freer, wider, democratized organization is the crying need of the profession, an organization free from petty prejudices and personal intrigues, and dealing not only with abstruse theories but with the persistent, intimate, yet simple problems of the daily life and daily work of the ordinary practitioner.

An immense improvement would be the substitution of a small, compact, convenient unit for a large and

unwieldy one. I mean by this that a group of ten or twelve physicians, residing in the same district, working together co-operatively, could minimize expenses and bring efficiency to a maximum. I will explain this idea more fully in a little while. The present official meetings of men from different sections, uninterested for the greater part in those who happen to foregather with them, are wasteful and almost useless. The regular meetings—weekly meetings—of men closely associated with each other, sharing the same interests, dealing with the same problems, working in the same neighborhood, would be consistently profitable. Here would be a nucleus-group, not only for professional collaboration, but for all-round improvement. They could be kept in touch with all the important developments in social work, with the big movements of the world, with notable achievements in literature, the drama, music, and so on. Busy medical men as a rule simply have not time to keep themselves posted on a wide range of subjects. Many of them drift from their first keenness to dull indifference. Their ignorance is sometimes appalling. But with such an associated group as I have suggested, this could be made impossible. There are always men in every community who are experts and enthusiasts in some branch of endeavor. They would gladly come to the meetings and give the substance, without the detail, of what had been done in their own field. This would be a valuable beginning of that 'getting together' of the medical profession and the laity which is so desirable for both. In case of need, however, it would be well worth-while to employ some one to give a weekly digest of selected books or periodicals. The medical group would not only be a professional centre, but a centre also of general culture and social discussion and activity.

Under the present system, the profession gains nothing and loses everything. It cannot make its desires

operative or carry its will into effect. It simply assents to the dictates of a Comitia Minora or some such cliquish cabal, whose personnel it doesn't know, and whose methods it could not possibly endorse if it had a free hand. The average practitioner has no real choice in selecting the medical officers of his organization. The whole system of the society is designed simply to perpetuate a medical illusion.

The judgment of a small group is representative, responsible and intelligent. The mass-unit is always at the mercy of wire-pullers, self-seekers, self-selected 'bosses.' The clique inevitably comes to the top. And so we have intolerance, selfishness, lack of foresight: no attempt is made to lift the profession forward, to enlarge its scope and improve its conditions. The oligarchy rules in the traditional way of all oligarchies; and the democracy is not yet born.

But it soon will be. In the meantime individual practitioners must begin to use their common sense. They must decline to submit to gross imposition. They should certainly, for instance, refuse to render gratuitous service. When I was still an 'ethical' practitioner, I suggested that such a step be taken. At that time I attended two or three dispensaries and as I had a certain amount of energy and thinking power, it struck me as incongruous that everybody should get paid for whatever he did in these charitable institutions except the doctor, who received no compensation, had nothing to say about what was being done or ought to be done, but merely took his orders, did his work, contributed his time, knowledge and skill, and wondered how he was going to meet his modest living expenses. I tried to organize the physicians in the dispensaries which I attended, with a view to changing the conditions and refusing to give service without pay. I was still young then and did not realize the hopelessness of my attempt. Doctors are tenacious of their dignity,

but not of their clear, common sense rights. I pleaded, urged, argued, but to no purpose. They agreed that my viewpoint was correct, that the whole system was wrong and should be altered; but they would not join me in refusing to donate any further services, because they were afraid that if they did, someone else would be only too glad to jump in and take their places.

One thing I realized then, and it has kept growing clearer and clearer as the years have gone by; and that is, that in order to accomplish anything worth while for the good of the profession, the profession must first be educated to a proper understanding of the situation and of its own duties. That, if I may say so without pretension, is the purpose of this book. Many things have happened that have made us all think more closely than we may have been in the habit of doing. Old *régimes*, old ideas, methods, have been swept away. It seems that the time is ripe for the medical profession not only to think, but to think effectively and to take steps to insure that this thinking shall be translated into definite action.

The following conditions will help to show how completely the hospital physician is dominated by the authorities, and at the same time how entirely mercenary the institutions are.

In certain hospitals, all the internes or physicians who make out death certificates must turn over the fees received for this service to the authorities. In some hospitals, where the deceased carried insurance or where his relatives have money, the physician can charge a fee, and retain it, for making out a certificate; but in the majority of cases he must hand over his fee to the hospitals.

Under the recent Medical Compensation Law in New York State, the working-man is entitled to medical attention and treatment when injured at work, and the physician to whom the patient is sent by those in con-

trol is entitled to a service fee. It frequently happens, for some reason not known to the profession, that a patient is referred to a dispensary or hospital for treatment. In some of these cases, the attending physicians, upon learning that they were entitled to a fee under the act, submitted bills. They were paid in due course. When the hospital authorities found out about this, however, there was the dickens to pay and the physicians were compelled, under threat of being discharged from the institution, to turn in these fees to the hospital or dispensary fund. This may seem to some a comparatively small matter, an affair merely of consistency and discipline; but it is not really in any way a small matter that men who have spent years in fitting themselves to do a particular kind of work, and have done that work afterwards for other years without any compensation whatsoever, should be so enslaved to institutionalism and the present ethical societies that they must continually cower before the bureaucrats of financial establishments.

Why should the practitioner stultify himself?

MEDICAL SERVICE CENTRES

The reason why the clinics and dispensaries are so well attended is because the idea of specialization is thoroughly carried out there. Yet precisely the same idea could be operated as a highly remunerative enterprise if it were run on a co-operative basis by several physicians, acting in their own interests and for the interest and, I think, the instruction of their colleagues; and certainly acting for the welfare of the community. If a few medical men in any neighborhood got together and opened up what I would call Medical Service Centres, they would certainly thrive well; and not only that, but they would be doing the best possible thing for themselves, for the public and for the profession. One man might be a specialist

of the nose and throat, another of the eyes, another of the ear, or of minor surgery, etc.

In this Medical Service Centre, which should be a house of fair proportions, each of the specialists should have his individual office, but a general waiting room would serve all of them. In an office adjoining the waiting room would be the general diagnostician, who would direct the patients to the various inner offices of the specialists. Such a plan seems to me entirely feasible, even if the attendants devoted only a few hours each day to this work. Because of the lessened expense, through the reduced number of offices and assistants required—the common waiting room, the nurses, help, etc.—the tremendous amount of patronage that such a centre would attract would tend to reduce materially the price of treatment or consultation, so that it would be well within the reach of all but the extremely poor. And even they could benefit, as we would wish them to benefit, by an extension of this idea, not only in urban, but in suburban and country districts.

In the dispensaries the patients are treated abominably, while here they would be accorded all the courteous attention possible; in the former the patients are made to wait for hours at a time before they can see the doctor, while in the new centre this could be obviated by sensible arrangements. People are induced to come to the dispensary because they cannot afford to pay a specialist's fee, or wish to evade paying it; here they could be charged little more than a regular fee and they would have the treatment of a specialist and at the same time would maintain their self-respect. There can be no doubt that such an institution would meet with immediate favor. Not only would the patients get better treatment and more individual attention, but the physicians in attendance would on their side receive an adequate recompense for their services, as well as the additional experience in practising their

specialties; and neither the public nor the profession would be pauperized.

The physician is really the only man who has his business in his home. This is a disadvantage from both the home and the professional point of view. With the Medical Service Centre, the inconvenience would be removed. The doctor would be able to separate his private life from his professional life. The public, instead of hesitating between one doctor or another of the neighborhood, would have one unmistakable place to which to go for medical attention; and they would go there. The practitioner would not be wasting his time in perpetual visits in different sections. His patients would not be scattered north, south, east and west. They would come to the centre. The centre would not go to them.

It would be an easy thing to find the capital for such an undertaking. The doctors themselves could provide all that was necessary, in most cases, each contributing a reasonable sum; or the leading citizens of the district could be readily interested in a project of such benefit to their community, and would furnish the required amount, the loan being redeemed by a sinking fund; or shares or bonds could be issued. The Medical Service Centre would be a community asset, an equal boon to the public and the profession.

Consider a town of about 12,000 inhabitants, with about ten physicians. With the present system of individual competition they hurt each other. Suppose a man has an accident. What is the usual procedure now for the poor man? He is taken to the nearest hospital—perhaps two miles away—in an automobile. Two dollars, say. There is an X-ray examination. Five dollars. And so on. Whoever pays this money, none of it comes into the hands of the physicians or surgeons who do all the work. In the Medical Service Centre, conveniently located and adequately

equipped through the combined resources and reduced expenses of the co-operating physicians, the work could be done efficiently and without delay, and the fees would go where they should go—to the profession. By a simple arrangement, for which it would not be difficult to secure legal sanction, if the profession exerted its full influence on the public and the legislature, these centres could be made available as practically additional hospitals in cases of emergency, where the patient could not afford to pay. The moderate fee that would be charged should be met from funds provided by the state. It would not involve any additional expense to the state: it would merely mean that some of the money now voted for charitable institutions which compel the physician and surgeon to work for nothing, would be diverted to its rightful purpose—the fair payment of the man who does the work. The state therefore would not suffer, for it would not be called upon for additional funds; it would merely adopt a new system of allocation of the money already provided for such service. The patient would not suffer, for he would receive prompter treatment, and in the vast majority of cases better treatment; he would have all the advantages associated with private practice, together with the benefits of hospital organization. The public would not suffer, for it would have additional and better facilities, and it would pay no more collectively for the support of medical institutions than it does at present; while the individual, if he were able to pay at all, would pay only an ordinary fee for extraordinary service. And he would get that service on the spot.

As for the physician, he would gain just as the public would gain. He would have a new interest in his work,—the interest that always comes with proper conditions and corresponding results. He would have facilities that he could not have in his private office,

and yet he would have all the advantages of private practice. He would have colleagues at hand with whom he could confer, and yet he would be master of his own practice and subject to no one's dictation. His work would be simplified in many ways. An injection of serum, for example, or the administration of anæsthetics, or an X-ray examination, would present no difficulties, such as might occur in an imperfectly equipped office with a one-man staff. He would be busy, because his time would be economized and not squandered; but he would not be overworked or underpaid, for he would pass on to the proper specialist the cases that he himself was not best qualified to deal with, while on the other hand he would receive a reasonable fee for everything that he did and would not have to donate his services to a so-called charitable institution run for the financial benefit of a professional business or political clique.

The great idea is to concentrate energy and resources, and reduce waste to a minimum. A country doctor may now have to drive ten miles to see one patient, then twenty miles, perhaps, to another case; or a general practitioner in the city will be called to cases far apart. He may have to climb endless tenement stairs, and so on. His time is frittered away, and his energy is also frittered away. For he will be thinking of the case he has left while he is going to the next one; he will be wondering about developments; he will wish, in many instances, that he could have another look at the patient and see if all were well. This is sheer blundering. *The profession must learn to bring the sick bed to the doctor, not the doctor to the sick bed,* for the good of both the profession and the patient. It must adopt the elementary principle that finds one of its most striking and useful illustrations in the bankers' Clearing House. It must work from the circumference of the circle, along all the innumerable

radii to the centre—here the Medical Service Centre. There should be Group Houses close at hand, in connection with each Service Centre, where a patient could be brought and where he could remain under the constant supervision of the specialist attending to the case. Transportation in serious cases would be by a properly equipped, smoothly running automobile, and not by a clanging, jolting ambulance.

The Group Houses would be conducted on a business and not on a charitable basis. They would be a convenience and an economy to the public, which is so often put to large expense when a private house is transformed temporarily into an inaccessible hospital, without the essential facilities. They would save wear and tear, time and anxiety, on the part of the physician. They would enormously increase his individual power to serve the community, and they would incidentally bring him a fair return for his labor—a return which he is absolutely denied under the present hospital system.

The Service Centres should, of course, also have their own co-operative laboratories, X-ray rooms, etc.

One more detail. Consider the advantages of group diagnosis, with a dozen specialists in the same building and in constant touch with one another. Many a man now, not knowing what is the matter with him and not caring to pay $50 or $75 to find out, will go to a hospital and get his diagnosis for nothing. Somebody pays for the service, though the patient doesn't. I think you will realize by now that it is the physician who pays. With the Medical Service Centre in operation, the patient would be charged only a reasonable fee, but the practitioner would receive his fair remuneration.

A most useful development would be the institution of travelling specialists, who would visit different sections of the country at certain periods, much as a

Judge of Assize in England journeys to county towns to deal with the accumulation of cases beyond the scope of the local authorities. These specialists would be a great stimulus to the members of the profession, working together co-operatively on the lines of the Medical Service Centre idea. They would help to keep the small town or country doctors in touch with the latest medical movements, and they would be of incalculable benefit to patients whose cases had perplexed the neighborhood practitioners and had not responded satisfactorily to treatment.

THE MAYOS AND THE GROUP IDEA

Amongst the most notable institutions conducted on this principle is that of the Mayos. The firm consists of Drs. W. J. Mayo, C. H. Mayo, Judd, Graham and Plummer, the last two being internists. They employ about twenty physicians, largely for the purpose of diagnosis. On reaching Rochester, Minnesota, it is necessary for the patient to go to the office and register there, with a view to having his case taken under consideration in due turn. Several days, or even several weeks, may pass before a final decision is reached in an individual case. It is estimated that there are over one thousand new patients visiting Rochester every month.

With such a corps of assistants, the Mayos are able to employ all available scientific means to arrive at a correct diagnosis and decide upon the proper treatment. If there is a question whether a tumor which is being excised is benign or malignant, a section is sent to the expert pathologist, who reports back in a very few minutes, and the operation is conducted according to the character of the report received.

Here also, as in every institution, professional or otherwise, which is run on scientific principles and with

scientific efficiency, attention has been duly paid to the financial arrangements to be made with patients. Charges are fixed by the financial secretary on the basis of the ability of the patient to pay and the nature of the necessary treatment or operation. To determine the charge, a statement of the financial status of the prospective patient must be submitted with the application. This statement is investigated and verified and then used as a foundation for the fixing of a just charge. In this way the poor man and the rich man pay according to their means.

This clinic is a blessing to humanity and to the profession and a source of great and utterly deserved pleasure to the Mayos. It is conceived and conducted upon principles of all-round efficiency. No pains are spared to be thorough, scientific, correct. The financial part is attended to by a financial agent while the professional work is done by specialists, who are not in the least interested in what financial return is collected. They know that the institution is a paying concern as a whole; they know that each case is dealt with fairly from the pecuniary point of view; they are not personally concerned with monetary considerations in any individual case whatsoever. The diagnosis, with the subsequent treatment or operation, is carried out as particularly for one patient as for another.

The dreary, deadly institutionalism prevalent in the hospitals is not found here, because there is a personal responsibility on the part of the surgeons and physicians for the care of each patient, who is not just a case, but a private individual who is interesting in himself and who will also interest other prospective patients, advertising St. Mary's Hospital in his own section of the country and carrying the fame of the Mayos east and south, north and west. The publicity received by this clinic is as wonderful as it is thoroughly deserved. It is founded on personal knowledge and

is transmitted by personal endorsement, by newspapers, by magazine articles and by all the agencies which spread news of an institution that entirely justifies itself and confers the greatest benefits on the community.

What the Mayos have done provides a clear solution for the hospital problem. In this particular case the clinic is a surgical one; but the same principles can be applied to a general clinic, to the treatment of all kinds of cases. Why should they not be applied as I have indicated, in the establishment and effective direction of Medical Service Centres? There is no question about the popularity that such institutions would enjoy and do enjoy. At the Mayo clinic, patients wait for days or weeks. That is because there are not enough Mayo clinics. At a general private clinic in Yonkers, New York, run on the basis outlined above, they have more patients than they can handle, in spite of the fact that the establishment has been but recently opened and there has not been time to develop the full effects of the publicity that follows deserved success.

An institution of a similar nature, though devoted exclusively to the practice of dentistry, has lately come to my attention. Dr. E. E. C., a dentist of Brooklyn, New York, has put this plan into operation in his office. Here he has men who are specialists, one in extraction, another in orthodontia, another in X-ray work, still others in root canal treatment, crown and bridge work, prophylaxis. Dr. C. himself simply examines the patients and refers them to the proper specialist for treatment. In this way each patient gets the attention of a specialist for regular dental fees, with the result that Dr. C.'s office is one of the best patronized in all Greater New York.

In adopting these methods, so far as they have been adopted, the medical profession is simply putting into

practice the principles of efficiency that are indispensable in the business world. In some institutions the idea is being carried into effect only for the diagnosis of cases and not for the treatment. While it is true that the diagnosis of a case is probably the most important factor in its treatment, it is surely obvious that the treatment prescribed by a specialist should be more efficacious than the treatment given by a non-specialist in that particular disease.

I understand that the Massachusetts General Hospital offers a consultation to the public in which a correlated diagnostic report is made, with the opinions of every specialist and laboratorian connected with the case included. The fee for all this is about five dollars: but who gets the five dollars, small as it is?

The state gives the private practitioner a chance to incorporate, just as it does the hospital, or in fact any person or group of persons. Thus members of the medical profession might combine and co-operate with other members to equip and maintain Medical Service Centres. By employing a competent financial secretary the economic management of the undertaking would be assured, and this would result in a small or almost nominal charge to patients who do not want charity but cannot afford to pay fancy specialist fees. All could get treatment and relief according to their ability to pay.

Naturally these would not be charitable institutions and they would not expect to be supported by taxation, but by contributions and fees, although, as I have already pointed out, by a simple extension of the system now in force they could be used as most valuable hospital auxiliaries in purely charitable cases.

Dr. R. C. Cabot of Boston has a similar plan, which he calls the Group idea. He says that the medical group is represented in its most finished form by a hospital with medical and surgical chiefs, heads of special

departments, and under each the necessary subordinates. But this development has been reached by a comparatively small number, though in a less obvious form the principle is widespread. Almost every surgeon with a large practice is the head of such a group. He has his aurist, oculist, orthopedist, dentist, roentgenologist, chemist, pathologist, serologist, who examine the patients, and on their collective opinions his own diagnosis, prognosis and treatment must rest. Each physician is a part of some more or less informal group, though the cohesion may be so loose as to obscure the fact. This tendency to grouping is becoming more marked and the groups more formal. There can be no question as to the efficiency of 'group medicine' in arriving at an accurate diagnosis, and there can be no question, I think, as to the necessity of such grouping in the successful development of medicine, from the scientific, social and economic point of view.

We want less competition among practitioners and more co-operation—co-operation of the closest kind. The hospitals should be reserved for the treatment only of emergency cases and of those patients who are too poor to pay any kind of fee. All others should be treated in Medical Service Centres. Further, the hospitals should be the rallying point—the West Point—for medical students, and not indirect advertising stations for cliquesters. Here the student should get his practical experience, and here the poor should get their treatment free.

The Medical Service Centres should be privately owned affairs, preferably run entirely on the co-operative plan, that is, owned by all the practitioners who make up the group. Every large city should be divided into sections, in each of which a Medical Service Centre should be established. Every ten or fifteen centres should have a Health House or group of houses. In the Medical Service Centres would be lo-

cated the offices of the various specialists, with provision also for ten or twenty beds for patients. Here all consultations would be held and all office practice carried on. If a patient were too ill to visit the centre in the ordinary way, he should be brought there by an automobile and should be kept there, or in the attached Health House, until well. Here could be sent all cases requiring special apparatus or unusual facilities.

The financial secretary by proper publicity work would advise the people of the community of the opening of the centre, and he should attend to the fixing of fees, the collection of fees and the order of appointments. It would also be his duty to apportion the fees amongst the different practitioners in the centre, so that each would receive his fair *pro rata* share. A neurologist, an eye man, a dentist, an internist, might all get together and open up such a centre, and even if the eye man were not kept busy during a certain day or a certain week, it should be so arranged that each man would receive a certain percentage of the whole receipts of the centre, based on the annual amount of work that he might be expected to perform and would be prepared to perform.

The advantages of such a system have been pointed out. It would make medical men co-operate instead of forcing them to compete disastrously with one another. It would increase the business of each, because of the publicity. It would assure all the practitioners a living income, good pay for good work, and relieve them from the necessity of donating this work to some charitable institution that simply exploits them. It would tend to give them an office practice and free them from climbing tenement stairs and running around all day. It would bring the sick patients to the centre, where the doctor could have them under his continuous care; it would secure for those patients

specialist service for ordinary fees; it would take care of the people who are too proud to receive charity and too poor to pay high prices; it would take the sick out of their homes into places specially equipped for medical service; it would prevent many a case of medical infection, such as often occurs through difficulties in isolating a patient at home; and it would prevent many a death, now inevitable through imperfect supervision on the part of the physician.

Are there any disadvantages? I do not know of any that are valid, apart from the question that if there are two gynecologists or any two or three specialists in the same line in one community, what is to happen to the second or third man? Well, at present these men compete with each other; they reduce their fees and impair the quality of their service in order to secure patients. They enjoy, if they are able to enjoy it, all the pleasure of disorganization, disconnectedness, professional disintegration.

But with an organized and efficient profession it would not be difficult to provide for the case of the man who is superfluous in one neighborhood, but very much needed in another. Such adjustments would be simple, unless exceptional conditions prevailed in a particular case. Such exceptional conditions would have to be met by exceptional measures. That is only a detail of organization and management.

We all concede, I think, that there are too few specialists and too many general practitioners to-day. We can blame the present economic—or uneconomic—system for that. The man who excels in one branch of medicine is forced to practise other branches in which he is not an expert, because he must earn his living. Medical men should be induced to specialize more and more. The central organization, under the new system, would send out a notice that in district 321 there was urgent need for a gynecologist. Dis-

trict 12, which has one to spare, would soon lose him, and so on. This would open opportunities for a specialist such as have never before been presented in the medical profession,—because the profession has never yet thought in a common sense way about elementary matters.

Take a man who likes gynecology and wants to practice it exclusively, yet is forced to continue in general practice because he cannot get enough gynecological work. When he is informed that a certain district has a vacancy for a gynecologist, he can jump at the chance, knowing that he will not have to compete with any gynecologist in the neighborhood and that he will not be called upon to do general practice. Perhaps you will say that there may be a district with a vacancy, but more than one specialist who wants to go there. You may be quite sure that there will be as many vacancies as there are specialists who want to fill them. We ought to know that by now. The medical profession is understaffed, not overstaffed. It is only our own stupid methods that have made it so hard for the right man to find the right place. Every man can be fitted into the position which he is best qualified to fill and which he wants to fill, if we only adopt a sensible system and put it into effective practice.

There is room for all, and work for all, in the medical field. We simply want, and must have, just conditions for all. The general adoption of the system of Medical Service Centres would do more for the profession and for the public in two years than the dominant but antiquated ethical methods have been able to do in two centuries. The present system means decay,—continued decay. I want growth, development, progress. So do you, and all of us, with the exception of a few treacherous and bigoted intriguers and bureaucrats. We can get what we want if we are determined to get it. Is there enough resolution in the profession to insist upon getting it? I think there is.

VI

MEDICAL ADVERTISING

THE first problem of the physician, after he has received his diploma, is not medico-scientific such as how to perform an appendectomy or how to treat a gumma. It is of a rather more businesslike nature, namely, how to get the patient suffering from appendicitis or syphilis to come into his office for treatment. This requires something beyond the mere trusting to chance. The practitioner must be a skilled business man. He must practise his two professions, or the two sides of his profession—medicine and business—equally well and equally scientifically. He must not only be prepared to operate for appendicitis: he must prepare the patient, *before he has appendicitis,* to know where to go for treatment when the time comes.

And he must do more than this. He must get people to come to his office before they have anything at all the matter with them, or at least before they know they have anything the matter. He must inculcate the habit of regular, periodical attendance for examination and advice. At present, people do not like to go to the physician—they often dread going—unless they are practically compelled to do so. If they were taught quietly and continuously from childhood what medical service means, they would have no hesitation. Many families have already learnt this important lesson so far as dental prophylaxis is concerned. They know that they save money and avoid suffering by pay-

ing a small fee for examination and preventive work, instead of a large fee sooner or later when they have drifted into serious trouble. Why can they not get the habit of going to the physician as they go to the dentist, from their early years onward, at regular intervals?

There is only one way to bring this about,—by educational publicity, scientific medical advertising, which includes nothing vulgar, sensational, or in any way unprofessional.

In the modern world, advertising is the employment of any one of a number of convenient facilities for bringing a commodity or service to the attention of those who may require it. Whether printer's ink or the human voice is used, the object is always the same —to impart information, to tell the people about an article or service which may be useful to them. Speaking for America alone, advertising has had the profoundest influence in advancing the interests of art, music and literature, and has more than anything else tended to raise the standard of living and to improve the physical, moral and social planes of virtually the entire people.

As an instrument for social welfare, advertising is unsurpassed. When our government desired some years ago to root out hog diseases which were playing havoc with our pork production, it resorted to an extensive advertising campaign among the farming communities. When later, progressing from hogs to humanity, the government saw the tremendous waste in child life, it sought to reduce infant mortality through another widespread advertising campaign, on popular educational lines. When we entered the world war and the government saw the necessity of arousing the patriotism of the country and knitting all classes into one strong unit to fight the common foe, it inaugurated an advertising campaign which for scope and breadth of

appeal has never been equalled. The patriotic, high-minded and dignified men who were responsible for the success of the Liberty Loan drives chose advertising in all its phases as their most effective instrument. When the Red Cross and kindred organizations found their need of hundreds of millions to relieve the sufferings of our soldiers, they planned an advertising campaign, appealing primarily to human sentiment, with results that must stand out forever in the history of sane and noble relief work.

Advertising, then, is a tested instrument of social welfare. To achieve its full purpose it must serve the public, and in so doing it serves the advertiser also to the fullest. Its function is not to invent new substitutes for the truth, but to find new ways of telling the truth and making that truth widely known. Advertising is the acid test of integrity. The institution or individual that invites the scrutiny of the whole world through advertising must be honest to survive. In all business, in some professions, in politics and in social service, this fact has been thoroughly realized. And to-day the medical profession is practically the only line of human endeavor that wilfully ignores the value—the necessity—of telling the public what it ought to know and wants to know.

The physician, as a business man, has to recognize that publicity is indispensable. It may be in the form of advertising from mouth to mouth, or through social or political prominence, by news write-ups, puffs or paid space: it is all advertising. In fact, life is nothing but a huge advertising campaign, going on forever, from the time when the child advertises its arrival until the time when final departure is advertised on the tombstone.

Publicity has assumed such tremendous proportions in recent years that it is difficult to estimate the exact place it occupies in the present commercial world. It

modifies the course of a people's daily thought, gives them new words, new phrases, new ideas, new fashions. It ministers to old needs and old habits, and creates new ones. It revises old standards, and gives new knowledge, new convenience, new service. It finds new friends, new good-will, new prosperity. Publicity and progress go hand in hand.

And advertising is very simple, in its essentials. It is nothing more than stating just who you are, what you are, and what you have to offer the world in the way of commodities or service. That is all. Yet this very simple process is also very wonderful. It is the equivalent in modern realism of the inexhaustible Aladdin's lamp of pleasant fable.

Stupendous results may be obtained when the power of advertising is fully understood and fully used. Someone has said: 'Among the sciences it is a maverick; it has not been corralled nor branded. Among the arts it is a stray lamb, not considered of consequence. Among the professions it is without place or rating; an intruder without credentials. In business it is a saint or sinner according as it has distributed its largess.'

That is not true now. Advertising has become a very exact science and a very important art. It is specialized in, professionally, by men of the highest gifts and of national reputation. It is adapted to the smallest undertaking, or the largest; to the arrangements for a loan of six billions, or for the sale of a doughnut; to the requirements of a government, or of a grocery store. There is probably no branch of human endeavor that has not called upon it for help—and received help. So radically emphatic and all-inclusive is it that it is a matter of interesting speculation as to what it may lead to in its ultimate effect, social, moral, political and economic, upon the communities of the world.

It is surprising, to those unfamiliar with the psychology of advertising, to see what response an advertisement will bring. At present there are still many, both among the public and those who try to reach them, who do not understand the true principles of publicity. An advertiser will sometimes make extravagant claims. A part of the public indulges in equally extravagant expectations. People will come to a store looking for a dollar article for two cents. They do not use their sense of judgment. If the business world were as they picture it in their eagerness for bargain-hunting, it would be an inverted pyramid. But inverted pyramids are not stable. They do not offer much security. The real business world prefers a broad basis. The public must be cured of the something-for-nothing mania, whether in the field of commerce or in the field of medicine. The true bargain lies in getting proper value for a proper payment. That is the essence of a satisfactory relation between buyer and seller. It is the function of advertising to make this relationship explicit; to deal in truth only; to make values known where those values are wanted. It is a matter of good service for adequate payment and adequate payment for good service.

Of what value, for example, are the most brilliant capabilities of a medical man if they are continually hidden from view, secreted and not displayed? These abilities, if properly brought forward by advertising of some kind, might undoubtedly win a place of honor for their possessor. And after all, however brilliant a man may be, he cannot under modern conditions be content to hide his light under a bushel. There are some, perhaps, who agree with the spirit of Kipling's vision:

> 'And no one shall work for money,
> And no one shall work for fame. . . .'

Famous but fancy phrases! Yet all must do their best if they are to satisfy themselves; and they cannot possibly do their best if they do not have fitting opportunities. Advertising alone, of one kind or another, can give these opportunities. Whether or not he has the desire for temporal rewards,—money, recognition, security, comfort,—the modern medical man can only do his work effectively by availing himself of the great modern means of publicity. He must advertise, or practically nullify himself. He is a social being, not an anchorite. If he would take full advantage of his relations to the community, both in giving and receiving, he must use the social medium—advertising.

Medical advertising not only creates a market for the service which the physician has to sell, bringing to him the income which is necessary for his very existence and for the proper performance of his work, but it brings also to the public the health service which they need and for which they are only too glad to pay if they can be assured, before they do pay their money, as to what kind of service they are buying. And in connection with every other commodity that they need, they have been trained to look to advertising as the means of determining beforehand what they shall buy and the value of their purchases. It would be strange if the medical profession alone should continue to ignore the existence of a medium so convenient, and already so firmly established in general favor.

The fact that scientific advertising has brought astonishing success to progressive practitioners proves that the physician, with the service that he has to offer to the community, can employ with profit the medium that has been found so valuable by others who have goods or services to offer. The medical profession is not a peculiar exception, as the controlling organization has tried to insist, to the general rule that

those who have a supply with which to satisfy a demand will find scientific advertising beneficial, and in no way incompatible with the high traditions that a body of enlightened medical men would wish to observe. It remains to be seen whether the system adopted by many physicians individually, and justified by experience, could not be applied with advantage to the profession as a whole. I am convinced that it could and I hope to make the reasons for my belief equally convincing to those who read this book.

You have, perhaps, certain theories about the application of advertising to medicine, which you have derived from others who know no more about the use of publicity in medicine than you do yourself. It is easy to evolve a theory if you have no regard for the facts. The most learned physicist of Scotland one night delivered a lecture in which he proved beyond all shadow of a doubt to his audience that a ship built of iron could never cross the ocean; but while his audience was still applauding him, a message was handed to the chairman announcing that the American-built iron ship 'Dunderberg' was in Glasgow harbor. The fact overturned all the theory. So I ask you: Look upon the matter of advertising as a fact, not as a theory. Be a realist for a time. Examine the facts which are actually before you, instead of being content with your own or someone else's *a priori* reasoning as to what the facts are supposed to be.

ADVERTISING AS A SELF-STARTER

Advertising is the medical self-starter. The most powerful gasoline engine in the world is a useless, inert thing until some initial push or stimulus sets it moving. But advertising involves staying qualities also. To be a successful advertising practitioner requires patience and perseverance, foresight and fidel-

ity. The advertiser finds all the work that he can do, but he must do it all well, must do it better than the regular practitioner, for he is working in the open, is inviting attention to his work; and he works, further, as medicine is organized to-day under the unfair suspicion that he will not do well, whereas the 'regular' is fortified by a presupposition that whatever he does is right, since he has the approval of the organization. Good and faithful workers are needed in the field of successful advertising medicine. None others need apply.

If you want the opportunity to rise from the ranks, if you want to step out and have a recognized position, if you want to be respected instead of unknown, if you want to protect yourself and make yourself independent, and if you feel that you have the qualities which will sustain and justify you if you can only get fairly started, I say to you that advertising will give you this start. And you will be under no obligation to anyone for presenting you with your opportunity. Of course, if you have been so fortunate as to have inherited a practice or a name, to have been advertised in some indirect but effective way since your birth, and before, you need no such self-starter. I am speaking to the average practitioner, to the man who is without influential acquaintances and without pull of any kind. Advertising substitutes push for pull. It is the means by which every man helps himself, asking favors of no one. The weak man waits for opportunities. The strong man makes them.

Yet, through imperfect knowledge, or unwise training, or false diffidence, medical men of excellent ability are continually lost to the world, in great measure. This is an age of intense competition: the timid man, the shy being who cannot urge his aims and claims with sufficient intensity and persistency, must expect to be pushed aside in the struggle for success. If there was

ever a time when such a man could hide in the woods, yet be hunted out by his fellow-creatures and his talents employed, that time has passed. This age demands positive and not negative merit; determination, not self-effacement. It is not enough for anyone to be able to do things: he must actually do them. 'Fame will not run after the men who are afraid of her. She mocks at those trembling and respectful lovers who deserve but cannot force her favors. The public is won by the bold, imperious talents, by the enterprising and the skilful. It does not believe in modesty, which it regards as a device of impotence.'

It would be better to say that the public, quite rightly, does not believe in false modesty. True modesty is not afraid of receiving what it deserves, or of taking proper steps for proper purposes.

CO-OPERATION AND INVESTIGATION

If you listen to the voices that prevail in the organization, you hear no good of the advertising practitioner. You hear no evil of the regular who stands in with the organization. That organization is not interested so much in what is said and done, as in who says it and who does it. A man's name gives his utterances weight and his actions distinction. The man without a name that connotes influence can get no hearing, however worth while his message may be. The present organization originated and is maintained for the economic benefit of a few. It will require sustained effort, co-operation, pressure, to make it serve the interests of the many. And the starting point for this pressure is publicity.

Therefore examine the question of medical advertising. You will find it a strange, an extraordinarily powerful force. Examine, observe, discuss, learn how to use it. Make your research thorough and then come

to your own conclusions. The progressive practitioner who has tested his convictions by experience believes that the medical profession has the right, as it should have the insight, to take advantage in a scientific way of this force of publicity and adapt it to the needs of the profession as business men have adapted it to their needs. Medicine needs enlargement on its economic, social and political sides as truly as it does upon its scientific side, and there is nothing which can bring this enlargement so surely and satisfactorily as advertising can.

THE EVOLUTION OF ADVERTISING

Where there have been men and women, there has always been advertising. Some of the most ancient of its forms are imitated to-day: for instance, the methods by which primitive man commended himself to primitive (but not quite unsophisticated) woman, can still be observed, slightly modified, by the curious; and modern woman, with her vote, her culture and her various clubs, has not quite eradicated from her system the early respect for the rude club of the caveman as the convincing advertisement of his desires. Prowess in war, in hunting, in athletic sports, has been used to advertise the merit of the male not only to his fellow-men but also to the female of the species. A similar phenomenon may be noticed to-day.

With the increase of population, the growing complexity of life and the vast addition to the once crude needs of the race, advertising came more and more into prominence. The criers who paced the various markets and cried their various wares illustrate the mouth-to-mouth form; the shields and heraldic insignia—still surviving—of feudal times, illustrate the pictorial form. The very pyramids, Cleopatra's needles, statues, tablets, monuments of all times, have

advertised achievements and events to the people of the period or of succeeding generations. The alphabet itself, through all its changes, was simply a means of advertising the thought, needs or claims of one man to other men. In stone or clay, on wax or papyrus advertisements were recorded. With the advent of printing, new writing materials, new knowledge, the old art grew. With the renaissance began the use of signs and posters. Then came pamphlets, circulars, the newspapers; and so the whole machinery of advertising to-day.

While the romance of advertising history is interesting, advertising itself cannot be said justly to have had a smooth course. In spite of its powerful influence for good, it has met with opposition continually, down to the present day. Some of the criers who sang their wares were prosecuted because their voices were harsh, or on the ground that they were mistaken for the news crier or the time crier, etc. Many of the cries, however, were very musical and became traditional: 'Sweet Lavender' will be readily recalled in this connection.

With the introduction of sign advertising, strong opposition developed. Well, many of the signs were not pleasing æsthetically, nor was their location always happily chosen. The same faults still persist. So do the societies formed to oppose them. Bad advertising, however, should not discredit good advertising. Because some men think or act illogically, we do not dispute the value of correct thinking or well considered actions.

When advertising began to creep into the newspapers, it was discouraged promptly by the papers themselves. The 'London Gazette' in 1666 declared: 'Being Prest to the Publication of Books, Medicine and Other Things not properly the business of a Paper of Intelligence, This is to Notifie, once and for all, that we

will not charge the Gazette with advertisements unless they be matters of State.' The newspaper attitude has changed considerably since then. Apart from the question of revenue, advertisements have a recognized interest, as well as utility, for the reader. We have all heard the story of one friend sending a well-known magazine to another in a foreign country and first removing the advertising pages to save postage expense. The request soon came: 'If you must cut out anything, please cut out the ordinary reading matter —but let me have the advertisements!'

Publicity has been fought by almost every guild or corporation. Where there were a few progressive and enterprising men, there have always been more who were unprogressive and conservative. It would take too long to relate the different battles royal waged in different fields of endeavor over the question, 'Shall we advertise?' Bankers, brokers, department stores, theatres, artists, professional men, have all fought bitterly at some time to prevent their own success. One of the greatest battles—it is not yet quite settled—has been over the question of the church in its relation to publicity. On November 4, 1909, the Rev. H. Packard made an appeal at the Laymen's Evangelical Conference, asking that advertising should be tried as a means of bringing people back to the churches. Those churches were empty, the people who might have filled them were drifting further and further into indifference. Something needed to be done to bring back the absent and to arouse the sluggish. In spite of numerous protests that advertising would 'cheapen' religion, the experiment was tried. To-day every creed and sect uses the public prints to give notice of services and secure the wide attention which cannot be obtained regularly in any other way. There are church societies and church conventions devoted solely

to the question of effective advertising for religious purposes.

'Billy' Sunday's meetings in New York and elsewhere, in which the revivalist reached tens of thousands of people daily, show clearly whether religion can be effectively advertised or not. It may be said that here the 'cheapening' process which objectors had feared was certainly in evidence. Well, individuals may have different opinions as to the merits of Sunday and his methods; but the fact remains that through advertising he was able to obtain the audiences that he demanded and the opportunities for service of which he made earnest if spectacular use. What he did in the fashion that he or his managers approved, others may do in a way that seems better to them, and without any of the extravagances that so frequently mar a popular movement.

Wherever advertising has been given a fair trial, it has worked for the good of the advertiser and the public. Why then should medicine alone hesitate to adopt it? Why should the profession go further and positively denounce and prohibit it, as an open and clean method of influencing the public, though clandestine advertising is condoned? Why should condemnation and ostracism be meted out to those who realize not merely the benefits but the necessity of advertising, and lead the way in the path which the profession as a whole must soon follow?

One of the pioneers in advertising, as in medicine, was Theophrastus von Hohenheim, commonly known as Paracelsus; but medical men at all times have used means, wise and otherwise, illicit or allowed, of getting their names before the public. Dr. Radcliffe, for instance, on his arrival in London would employ hotel porters to call for him at the coffee houses which were the famous recreation centres of the seventeenth and eighteenth centuries, and in other places of public

resort, so that people might learn to know his name. Dr. Hannes used to send liveried footmen running about the street with instructions to look into every coach and inquire 'Is Dr. Hannes here? Is this his carriage?' Dr. Mead, shrewd man, is said to have opened correspondence with the nurses and midwives in the vicinity of his office, frequenting also the shops of the apothecaries and conversing with the gossips, who, hoping to secure trade from him, would recommend him as a skilful practitioner. The ruse worked and soon the doctor found that his calls were numerous and genuine.

One of the queerest medical advertisements is that of a patent medicine inventor:

Sacred
To the memory of
Nathaniel Godhold, Esq.
Inventor & Proprietor
Of that excellent medicine
The Vegetable Balsam
For the cure of Consumptions & Asthmas
Who departed this life
The seventh day of December 1799
Aged 69 years.
Hic Cineres, ubique Fama.

Godhold used even the tombstone to further his invention. He had the true spirit of the patent medicine proprietor.

The father of newspaper advertising for medical purposes was probably Dr. Theophraste Renaudot. He was denounced as a quack by the Paris Faculty of Medicine and was not permitted to practise; yet he was a close friend of Cardinal Richelieu and through his influence became physician to King Louis XIII. In the 'Gazette de France,' which is still in existence,

he used to push the sale of antimony; and the richer he became, the more charitable he was. For some time on every Saturday he presented antimony free to the poor; this proved to be a great advertisement for the skilful philanthropist and out of it developed one of the earliest polyclinics.

SOME OBJECTIONS THAT HAVE BEEN RAISED

Yet in spite of the long list of advertising practitioners in the medical world from the time of Galen until now, the medical profession as a whole has been bitterly opposed to such publicity. The strongest objection that has been made against the use of medical advertising is that it must be essentially undignified. The same objection was brought up when the question was raised as to whether engineers might advertise, or bankers. The best answer, perhaps, was that given with regard to the churches:

'Paul established what by a stretch of the imagination might be called the first religious and civic uplift newspaper, when he had his friends carry letters to the various young churches which he had founded. Those letters of advice and counsel were read to the people in lieu of sermons. The founder of the Christian faith himself attracted attention by unusual deeds and not only organized a force of men to carry abroad news of his message, but arranged all details of the routes of those who went out. He associated with himself men who had the power of expression of words. They have left a record of his thoughts and acts which forms what is yet considered by all as the best selling book. Christ used means which in his day were calculated to reach the largest number of men.'

If it was undignified for Christ to advertise his gospel and his message and his coming, then it may be undignified for medical men to advertise their gospel,

their message and their offices; but if it was not undignified for Christ, it certainly cannot be undignified for anyone who follows in his footsteps.

The church was afraid of its dignity, as were the engineers, the bankers and many others; but in spite of the passage of the resolution to advertise in their various fields, they assuredly have not lost any dignity but have in the result created a new dignity for themselves. Aside from that, no one can well be so dignified that he will not take the risk of jeopardizing that dignity for the greater good of humanity and of the profession.

Another objection against appealing directly to the people by advertising is due to the fact that the pioneers in comparatively modern medical publicity were chiefly charlatans, while some of the advertising medical men of to-day are also adventurers. The prejudice thus caused is natural, but it need not continue in the light thrown by inquiry and reflection.

When a merchant advertises his goods nowadays, when he claims that he has bargains to offer, he must be honest in order to be successful. He must have a sufficient quantity and assortment to satisfy a reasonable demand. Unless he really has a bargain, he pays the penalty for deception by losing public confidence and his store soon gains a bad reputation. Since he must depend upon repeated business from practically the same patronage, he is forced to stand upon the principle: 'Goods are not sold until the buyer is pleased and satisfied.' The old maxim of 'Caveat emptor' has been discarded and honest and fair dealing has been set up in its place, with the result that the stores which practise the new methods have acquired a new respectability and a new trust. They are not condemned because others once tried to profit by deceiving the public, or may still be trying to do so.

The writer has long denounced, it need scarcely be

said, the methods of the so-called 'advertising quack,' and he has done this as vigorously as his most punctilious ethical brother. But the word 'quack' has been a rather too handy epithet for doctors to throw at each other. The habit has had certain boomerang effects, and proves nothing but ill will and ill breeding. What we desire to do, surely, is to investigate the truth, and not merely abuse the investigator.

Another objection that has been brought forward is that if each medical man is permitted to advertise, each in order to succeed will have to promise something different than the other. A sort of competition. He must promise better results, or a lower fee, or superior skill, to bring him a larger number of patients. I do not think this objection is valid. In looking over the advertisements of the various department stores in a big city, we find nothing there that would imply that the other stores do not give as good service as this one. Such representations only defeat themselves. Advertisements to-day have reached a point where it is considered unnecessary and in fact fatal to try to deceive the public. It is absolutely not necessary to run down your competitor to make the public come to you. And so we shall find it in medicine. Whether the people will continue coming to you and will recommend others to come will depend entirely upon your efficiency. But there is no doubt whatever that they will begin to come to you, if you advertise sensibly and with sincerity. It is your own affair to see that the confidence which you have invited is justified and sustained.

Advertising will not increase your efficiency, but it will tend to make you increase it yourself. You can't fool all the people all the time. The man who advertises must deliver the goods, or the people will not continue to come to him for relief and treatment. If he has ambition and determination enough to advertise, he will

usually back up his advertisements with efficient work. With the general use of advertising by the profession, there will be an increase in the competition in efficiency. There will be no room for the inefficiency which to-day is covered over by that all-embracing mantle, ethical good standing.

The objection that medical advertisements are frequently used for self-laudation does not hold water any more. If you do not believe in self-praise, or in a fair statement of what you have done and wish to do again, you can frame your advertisement on the lines that you think best. But if on the other hand you have accomplished something unusual or have taken certain courses which have particularly qualified you to practise your specialty, and you want the people to know it, tell them. There is no objection to anything you say provided it is truthful, honest and in no way intended to deceive the patient.

With the impetus that advertising will give to the man who specializes, the various practitioners in a neighborhood will far more probably work in harmony and friendship than in cut-throat competition, as is the case at the present time; for with advertising sanctioned by the profession, one man will advertise in a certain district that he has made a specialty of the stomach, another that he is an eye specialist, another a throat specialist, etc., and in this way they would not only not compete with each other, but would materially help each other. The throat specialist will send a case to the stomach specialist if he finds that his patient is suffering from auto-intoxication, or to the eye specialist, or to the dentist if the throat affection is due to some septic focus at a root end. At the same time, the public will gain a large amount of interesting and utilitarian knowledge through the educational advertisements of these various specialists in the community.

REGULATION

But is there any way in which the organized profession can regulate the business methods of doctors? That is an extremely important question.

With the introduction of the honest advertising practitioner into the ranks during recent years, the character of medical advertising has changed completely. The old advertising doctors were for the most part not graduates of medical schools, but were permitted to practise because they had been in practice for a certain number of years before the passage of the state examination law. They are naturally fast dying out, and the younger men who are entering the advertising field are entering it in the right spirit and are advertising the truth and nothing but the truth. None of the reputable newspapers, of course, will now publish advertising that does not show honest intent on the face of it. The disreputable papers still admit deceptive statements; but they know that they cannot long enjoy their dishonest gains in the face of the publicity that has been turned upon them. The day of falsity, of the 'Promise to cure,' 'Cured to stay cured,' 'Cured overnight,' 'Cancer and tuberculosis cure guaranteed,' etc., is very rapidly passing. The future is for the men of vision, for those who see the power of publicity and insist upon absolute fidelity to truth. You will find these men unanimously in the fight against fraudulent advertisements, against impostors and charlatans, however specious. You will find them not only on the side of medical advertising, but of educational advertising and the square deal all round.

The adulterated food frauds were exposed by the able work of such men as Wiley and McCann, and the patent medicine fraud is still being fought to eliminate the harmful preparations that now flood the market.

Investigation is bringing the pressure both of opinion and statute to bear upon the tricksters who exploit sufferers from the so-called social—that is to say, sexual—diseases. These reforms, and many others, are being brought about by publicity. Fraudulent advertising cannot stand before truthful educational advertising, the informing of the public mind on vital matters.

SELF-EXPRESSION

Some of the more progressive medical men are ready to admit the value of medical publicity, but they are still so 'ethical' that they refuse to acknowledge the right of an individual to advertise himself in connection with his educational work. This is a denial of a fundamental right and is opposed to the inherent instinct of man. Individuality is an inextinguishable force in life and in progress: it must and will find expression. Men cannot be run entirely into moulds, like foundry statues, and sent out into the world as mere repetitions of a fixed model, breathing, thinking, acting in precisely the same way. Organization they can have, and use very effectively up to a certain point; but complete assimilation, complete monotony is as impossible as it would be deadly.

This is an age, indeed, of organization on a large scale, of vast centralized industries, of co-operation for the sake of effectiveness. But it is also an age of the keenest competition, both between groups and between the individuals in groups. It is an age of ideas and of action; of ideas which spread through a community, but spring from the individual; of action which can be carried out by the community, but which must be inspired by the individual.

'He who is silent,' says Amiel, 'is forgotten; he who does not advance, falls back; he who stops is over-

whelmed, distanced, crushed; he who leaves off, gives up. . . . To live is to achieve a perpetual triumph; it is to assist one's self against the annulling and dispersion of physical being. It is to refresh one's will day by day.'

All our inventions, our literature, our national achievements, are due to the efforts of individuals; they are the accumulated results of originality. Though this originality may at times have to subordinate itself in some degree for the purposes of better organization or powerful direction, it cannot be suppressed. It is a condition of social progress, as it is a condition of individual content. All men are differentiated from other men. Each has peculiar gifts, however small. If others can do things which I cannot, I, too, can do things which they cannot. Advertising—medical advertising—may be regulated by the profession for the purposes of the profession and the protection of the public; but the right of the individual practitioner to express himself personally must be acknowledged and safeguarded.

It has been argued that as a little knowledge is supposed to be a dangerous thing,—and often is,—such knowledge as could be given to the public generally on medical matters would do more harm than good; for their education would at best be elementary; they would have to approach technical, scientific subjects through simplified, lay terms. But knowledge imparted by those who understand is entirely different from an idea of knowledge assumed by the ignorant. One need not teach the whole of physiology in order to drive home some useful—continually useful—lessons. It is possible to explain the value of fresh air to the human system without going into a detailed account of the chemistry of the air, the chemistry of the body and the physiology of respiration.

An educational programme planned by educated

men would not be liable to mislead those whom it was intended to inform. For in truth it is never the little knowledge itself that is really dangerous. All knowledge is valid so far as it goes, or the finite mind might as well give up every attempt to explore and explain the universe. What is undoubtedly dangerous is the assumption that a little knowledge is larger knowledge; that because a man knows how to shape a shelf, he can build a house; that because he has seen the effect of firing a small train of gunpowder with a match, he is therefore an expert in modern explosives and understands, for instance, the mechanism of a depth bomb. But the level of intelligence in the people to-day is sufficiently high to give security against such a conceit of ignorance.

The general interest taken in the discussion of public questions is not an idle interest, and the medical world should see that a share of that interest is properly devoted to medical subjects. Already much has been done; individual practitioners have tried to popularize useful hygienic knowledge; information with regard to the care of the mother and child during and after pregnancy has been disseminated by the Children's Bureau at Washington; medical articles in the newspapers and magazines have been widely read; and there has been a large sale of medical books written for the layman. The way for medical educational work has already been prepared; its utility cannot be seriously questioned. What remains is a matter for organized effort on the part of the profession; for consistent, continuous work in which the individual practitioner shall not merely be permitted, but encouraged, to do his full share in the light of his experience and with the help of such special gifts as he may possess.

The archaic argument that a successful man does not need to advertise has been reduced to an absurdity

so often that it is scarcely worth while going through the process again. All that we need to do is to remember the successful men, the creators of successful organizations, who have advertised and continue to advertise as a matter of course. The more successful they have been, and the more successful they are, the more they continue to advertise. That, obviously, is a mere truism. Nothing succeeds like success. And nothing can ensure success as advertising can—advertising on sound principles. I will not mention the names, 'familiar in our mouths as household words,' which will occur to every reader in this connection. These great advertisers have not only advertised because they wished to be successful, but because, having been successful through advertising, they realized the value not merely of their own products or services, but also of the medium through which these had been made known to the public, which had learnt to appreciate them and would continue to appreciate them if it were not allowed to forget.

Those who are afraid of medical publicity are almost invariably those who are afraid of betraying their ignorance by exposing it publicly. Well, the method reveals the man. To-day the only way we have of measuring the value of a practitioner's knowledge, unless we are brought into close contact with him professionally, is through reading what he has written, or listening to him at medical meetings. Unfortunately, this is not a fair criterion, for many medical men secure literary help in the preparation of their articles; they do not really write them, but merely read them in the society to gain publicity and the advantage that goes with it. When their papers are discussed at a medical meeting, we find out how little they really know. For such men, educational advertising may not be a good field. They will display their ignorance and be detected. But for qualified men,

though they may have been unsuccessful so far, publicity will prove eminently worth while.

It must not be supposed that the man with the most money to spend on advertising will be the most successful. Here, as everywhere else, individuality comes into play. Each business or profession must find the kind of advertisement best suited to it. What would be effective for an automobile concern may be quite inappropriate for a grocer or department store. For example, a little store on a side street, depending on local custom, would not waste money by advertising in the big newspapers. It would advertise chiefly by circulars, cards, etc., distributed in the neighborhood. Similarly, the practitioner can make his advertisement fit the size of his pocket. He should gain experience by studying other advertisements. He does not need the public press: the printing press is just as good, and generally is better suited to his purpose. He has only to call attention to the simple points, who he is, what he is, where he is, letting people know that he is in business and wants more business. He must keep his name before the public, not expensively, but consistently. That is the essential thing. If he does that, the public will do the rest.

After an experience of over twenty years as an advertising practitioner, I have naturally acquired some useful information. I know that a physician can start in a very small way and increase the amount of his advertising gradually as he goes along. He may, for instance, have a certain number of folders or educational pamphlets printed, and outlining the district that he wishes to appeal to, gradually cover the whole neighborhood. It is a method that permits wide discretion and encourages the use of quiet originality. It is inexpensive, and it is effective.

The question of mentioning the symptoms of disease in the advertisement has caused a good deal of dis-

cussion in the profession. While the printing of symptoms may possibly scare patients into coming to your office, that is not in itself a bad thing. It may be better to err by impelling healthy patients to come to the physician for examination than by permitting those who have some disease, and often do not know it, to travel the public highways to the public danger and their own detriment. It is true that to people of a certain type the mere reading of symptoms may suggest that they had the disease. They may become frightened a little. But is it not just as well that they should be examined by a physician and treated for the disease that they actually have—excessive nervousness? Because scientific information may affect a few people in a special way, the great majority of the public—the normal public—need not be deprived of valuable help. A knowledge of symptoms may be of the greatest assistance to the laity in preventing the catching or development of disease. The description of the cardinal symptoms of various ailments in the popular works on infant care and feeding has been a great boon: we all know that such books as those of Holt and Kirby are the bibles of young mothers and the salvation of many children. The mother finds out when to bring her child to the doctor. She recognizes signs of which she might otherwise have been quite ignorant, and steps can be taken in time to avert serious consequence.

DIRECT AND INDIRECT ADVERTISING

Modern medical advertising is a new science and a new art, and the practitioner who realizes the latent power in direct advertising will receive appropriate rewards. I say 'direct' advertising advisedly, for there are two forms of publicity appeal in vogue to-day: the indirect form permitted and encouraged by the

ethical profession, and the direct form, which it frowns upon.

The methods of securing indirect advertising, the prevalent form of patient-getting at present, are so numerous and so well known that it would not be profitable to discuss them all. A few allusions, however, may be made, to illustrate the peculiar preferences of the ethicalists.

The practitioner may, for instance, receive valuable and extensive advertising if he is the son or the son-in-law of a physician, or the scion of a well-known family. He may get it, perhaps, by serving without pay on the staff of a hospital or dispensary and doing a great deal of charity work; or he may become a member of a number of clubs, lodges, fraternities, etc., or associate himself conspicuously with a church and its choir, its different committees and activities; or he may industriously gain a footing in the homes of wealthy or influential members of the community. He may exploit his mother-in-law, brother-in-law, and other connections. He may stoop to small schemes. Many a practice has been started through an understanding with a janitor, who will advise new tenants where they can find the best doctor in the neighborhood. A similar plan can be worked by paying the local druggist to recommend you; or one patient can be used to attract others. An acquaintance of mine when he began practice was called in by Mrs. B., a good old soul with a tongue that wagged incessantly. He treated her and she got well quickly. When he was asked for his bill he replied that that was all right, she needn't worry about it, as he was glad to do her a neighborly service, and if he himself ever needed a neighborly service he was sure she would do it for him. He played his cards wisely, for soon Mrs. B.'s tongue started wagging patients in his direction, telling all the neighbors what a wonderful doctor

he was, how sympathetic, kindly and efficient. But the old lady never mentioned that she had received medical service free.

This is 'ethical' advertising and this alone is considered to be in keeping with the dignity of the profession. Dignity! there is little dignity in the mean devices to which the ethical practitioner resorts. The advertising which all business men can do in the open, in the clear light of day, the orthodox practitioner must do in the dark, underhandedly, cunningly, disgustingly, in order to maintain the 'dignity' of the profession. It is a travesty on common sense, an insult to the simplest intelligence.

As Dr. Nathan Elliot Wood of Chicago says in his book, 'Dollars to Doctors': 'Whether a medical man drives gorgeous turnouts, connects himself with Sunday schools, churches, clubs and societies, takes pains to give to every newspaper reporter accounts of his individual experiences . . . or whether he directly pays the coin of the realm for newspaper, magazine or other exploitation of his talent, still the object is the same, i.e., to convey the impression that he is the physician whom it is the better part of wisdom for all afflicted people to consult.'

Medicine, like business, is one branch of the science of human service. The business man has a fair field and no favor. Why, then, should the physician have to become a cheap trickster to secure little shreds of personal publicity through acquaintances, friends and relatives? He has an honest commodity to offer to the public. Why should he not be permitted to offer it honorably, with advantage to himself and to the people who need what he can give—intelligent professional service?

Indirect and degrading advertising has the sanction of the ethicalist,—and the contempt of every straightforward man. Direct, clean advertising is tabooed

by the ethicalist, but approved and practised by men who refuse to stagnate professionally, but will not descend to the thinly concealed trickery of the so-called orthodox. Direct advertising is an open, American idea; and it is distinctly professional, because it is educational and therapeutic. It is in consonance with the democratic principle of keeping in touch with the people, it is in line with the forward movement of the times, it is effective, and it is ethical, in the best sense, since it implies justice both to the public and the profession.

Modern advertising means fair dealing. It is based on the clear law that *no advertising can be permanently successful which does not tell the truth.* Any advertising which tries to conceal the truth, to deceive and not to serve honestly, is self-condemned, both from the moral point of view and the purely business point of view. Honesty is not merely the best policy. It is the only policy which can be successful, and the only policy which can be tolerated by the profession of medicine. Let the ethicalists abandon their little, pitiful trickery, their unworthy devices for gaining publicity indirectly, and come out squarely and fairly into the open. They will be far better men and far better physicians; for they cannot retain their self-respect under the present system and without self-respect they cannot be thoroughly efficient professionally.

If Uncle Sam wants soldiers, sailors, ships, saddles, submarines, he advertises. He fixes the attention of the people with his straightforwardness. He uses methods and phrases that stir the mind, in war or peace,—'Serve'—'Give'—'Invest'—'Victory'—were not mere words. They were applied psychology. So with the Salvation Army and the famous 'Doughnut.' Many memorable things were done in those advertising campaigns during the war—simple things, but striking. Will the medical profession ever learn anything?

THE OBJECT OF MEDICAL ADVERTISING

The first object of medical publicity is naturally to secure a practice. One cannot practise without patients and one cannot secure patients without publicity. How many good men have fallen asleep in their offices waiting to be discovered—fallen asleep not only for the moment or the hour, but permanently, so that their enthusiasm and energies were simply those of somnolence and they had no further desire to keep pace with the growth of their profession or with the progress of a world which knew them only as failures! It would be a strange host if we could gather up all the men who in their youth, keen and efficient, able and willing to work, sat day in and day out in a dingy office, unknown and unemployed, gradually losing skill and knowledge through disuse, and confidence and manhood through discouragement. We must give the young man a chance to live his life under fair conditions now. We must not only permit, but help him to win success, and we must prohibit him from wasting the time which is so valuable.

The second object of publicity lies in its educational possibility. No average individual can avoid learning something worth while from an honest medical advertisement competently drawn up. The time has passed when medical men tried to fence themselves with peculiar ceremony and invest themselves with reserve and mystery. The patients of to-day want to be educated when they come to our offices for service. They ask all sorts of questions, showing their interest in hygiene and their desire for information as to the recent advances of medicine and especially with regard to the treatment of diseases once thought incurable. More of the laity than of the medical profession seem to be acquainted with Freud, Adler, Jung, and so on. The physician who does not give them satisfactory

answers soon loses them. They go elsewhere, where they can learn something about the service they pay for. Biology, physiology, anatomy, psychology, chemistry and physics are taught in the public high-schools. The medical profession must teach the people to apply that knowledge to the purposes of preventive medicine. Through well-chosen advertising they can explain the essentials of medical knowledge, the simple principles of cleanliness and prophylaxis.

Educational advertising will not only explain these things but will impel the people to come to the doctors more frequently for examination. The public will learn how to keep well, and will actually try to keep well. They will understand that a little attention at the right time may prevent a serious breakdown. They will learn to recognize the gross symptoms of common diseases—nature's danger signals. They will realize that when something is wrong with them, the obvious thing for them to do is to consult a doctor, instead of waiting with indifference or anxiety to see whether their trouble is really serious or will pass for the moment. They would not expect the engine of an automobile to recover spontaneously from a collapse, and they will learn not to expect the delicate mechanism of their bodies to function properly under improper conditions. They will come to the expert because they will know enough to appreciate what he can do for them; and they will come not only when they are actually ill, but in order to avoid being ill at all, if possible.

The practitioner and his patient will come into closer personal contact. The laity have looked with distrust upon the regular practitioner, because he has deceived them too often; he has hidden the truth from them and they have found it out, he has performed useless and unnecessary operations and they have discovered it. No wonder they have become suspicious

and wary, and frequently prefer to trust themselves to the hands of the drugless healer, the Christian Scientist, the osteopath or the chiropractor. Through truthful advertising we can alter this. We can tell the people what they ought to know and will be glad to know, not only about medical science, but about the cults as well, and in this way restore their faith in our ability to help them. We can explain the necessity of intelligent co-operation; that in spite of the advances of science there is a limit to our power to cure disease and that we depend a great deal upon the assistance of nature and on the patient's own assistance in following the instructions given to him.

Intelligent advertising falls under two heads. The first informs: the second suggests. It creates a favorable predisposition on the part of the public. If a patient comes to your office after reading an advertisement, it is because he is convinced that you can help him. With this attitude on his part, the battle is already half won in nine cases out of ten. The tremendous power of suggestion that can be carried by the advertisement must be recognized and guided into the channels where it will do most good. Direct suggestions contained in a public notice will bring action and response: 'Take a bath to-night'; 'Breathe deeply'; 'Take a long walk'; 'Don't concentrate on illness, think of health'; 'Visit the doctor regularly'; and other similar directions, will be automatically obeyed.

THE BENEFIT TO THE PRACTITIONER

Having considered the various advantages that the public would derive from efficient medical advertising, we may fairly ask how the physician will stand,—what will be the result, to himself, of his investment in educational advertising? It is obvious that if he does

his work properly, he will benefit very materially through the increase in his practice and in his income. But the advantage to him does not lie only in the fact of more patients and more money. There are other angles from which the whole subject should be considered, if its full importance is to be realized. As I see it, the practitioner, apart from the altruistic motive of benefiting the public, has eleven excellent reasons for advertising. Some of them are purely business reasons, but they are connected with others bearing closely on personal developments.

1. The progressive, advertising practitioner conducts only a cash business, inasmuch as he appeals to strangers whom he does not know, whose financial rating he cannot readily ascertain and to whom as a matter of principle he does not give credit. By thus conducting a cash business he runs no bills and no risks.

2. The progressive practitioner is as a rule a very busy man and in order to attend to the volume of his business properly he introduces efficient methods into his office. It is therefore not surprising that a financial secretary is found receiving patients and attending to the monetary arrangements. In this way the physician is not bothered by financial detail and is able to devote his entire attention to medical work, to diagnosis and treatment.

3. Advertising gives you an office practice—that is, if you want an office practice. As far as I am concerned personally, I do not want any other kind of practice; but those who prefer a visiting practice can satisfy their desire. In other words, you can get what you want and in the quantity that you want it by educational advertising in medicine.

4. By arranging your practice efficiently and employing a financial secretary you are not only master of your work and the time devoted to it: you are master also of your leisure hours, in the fullest sense.

You can spend that time in special studying, in general cultural pursuits, in recreation and exercise, exactly as you please.

5. One of the greatest advantages derived from advertising is that your success does not depend on the whims and fancies of your family, friends and acquaintances; on clubs, societies and political affiliations. It is no longer necessary, as with those who employ such means of publicity, to cringe for the good-will of your neighbors; to be, in plain words, a toady and sycophant, abandoning your self-respect so that you may build up or retain a practice. It is no longer necessary for you to become a member of a church that you dislike, of an undesirable club, of a lodge of low standing. Advertising makes you independent. You are in truth the 'captain of your soul and the master of your fate.'

6. You work on your merits, your skill, your initiative. With the number of your patients limited only by your desire or ability, your success or failure will depend entirely upon yourself. It is no longer a question of name, of notoriety. It is no longer a question of competing on unfair terms with those who practise underhand methods. With advertising at your command you have just as good a chance to succeed as Dr. B., who lives perhaps upon a reputation that he did not fairly earn. You will rely upon your ability, and on that alone. If it is sufficient, you will succeed. The degree of your success is the measure of your efficiency—not of casual luck, or influence, or intrigue.

7. The advertising practitioner is free from the officious supervision of neighbors and from all the familiar forms of local tyranny. How many practices have been ruined by neighborhood gossip! It is not necessary that a doctor should actually make a mistake: the suspicion of a mistake will be sufficient to

start gossip and build up a prejudice that it may be impossible to overcome. We all know friends whose practices have been annihilated through some utterly unjustified imputation. A patient has died, for instance: it is rumored that the fault was the physician's. However baseless the charge, the penalty of ruin may be exacted. One physician of whom I know was accused of aiding a man to evade the recent draft into military service. He was completely exonerated. But the neighborhood had already indulged in gossip, with the usual result. When the physician returned he was distinctly *persona non grata* in the community, and his established innocence made no difference.

The advertising man is not dependent upon his own neighborhood. He can maintain a practice in spite of unfounded local prejudice; and in time the neighbors, seeing that they are not indispensable to him, will either forget the gossip or consider the so-called transgression inconsequential, and gradually come back to him for treatment.

8. The progressive practitioner is set free from all antiquated ideas. He can break away from the cramping restrictions that have held back not only the medical profession, but every other branch of imperfectly organized human endeavor. He can have a widening range of interest in ideas and action. He can read, study, discuss the drama, music, the book world, social events, political news and prospects. Radical or conservative, socialist, theosophist, Unitarian, Jew, he can express his opinion freely to whomsoever he chooses. His practice is not dependent upon his timidity. Heretofore, in the conservative practices I have known, the physicians have been afraid to express themselves for fear of offending a patient. This tendency has certainly not made for progressivism in the profession. It has not induced medical men to extend their interests and broaden their minds.

They have accepted the conventions and opinions of the neighborhood, or at any rate have suppressed their own views and gradually, perhaps, become indifferent. With the advertising practitioner, development takes the place of suppression.

9. If you advertise, you need not fear the medical organization, as they cannot hurt you, however much they may wish to do so. If a friend wishes to discuss with you the recent advances in medicine, you need not hesitate to talk with him for fear that what you say may be published. If it is, all the better. At present the ethicalist dare not discuss anything for publication in the lay press. If he does, he is considered not desirable in the society. Take the case of Dr. Le Grand Denslow, who after ten years of investigation worked out a new idea for the treatment of locomotor ataxia. I will quote the remarks of the editor of 'American Medicine,' (October, 1908). He, at least, had the courage of his own opinions.

'Intolerance, once again, arises to shame the medical profession. Dr. Le Grand Denslow, a New York physician who has been directing his studies to locomotor ataxia, recently gave a report of his investigations to his colleagues. With admirable professional spirit his work and the results he had obtained were submitted to the profession at the Academy of Medicine. Several of the better class newspapers, following a growing custom that is being fostered in the highest circles, referred to Dr. Denslow's researches, and immediately a storm of criticism arose. Medical men who know absolutely nothing of Dr. Denslow's work rushed into print to deny the possibility of his results, to question his diagnosis, and apparently to throw all the discredit possible on his efforts. History, therefore, has repeated itself, and just because a man has dared to attack a disease that has been held incurable, he has had to run the gauntlet of suspicion, reproach

and jealousy. This is all wrong. How much more worthy of modern progressive medicine it is to approach Dr. Denslow's work with an open mind, trusting to our scientific knowledge to appraise it at its true value, and to accept it or reject it as our judgment dictates! It is absolutely certain that time and experience will either place these ideas of Dr. Denslow's on a secure footing or consign them to oblivion. He submits well-established data confirmed by recognized authorities for the consideration of the profession. In the meantime he courts investigation and seeks co-operation to the end that the truth shall be ascertained. Can the medical profession do any less than meet such a spirit half way?"

But if you, through painstaking effort and individual clinical experience, have evolved a technique of treatment that you consider important, you need not, as an advertising, progressive practitioner, fear that the papers may learn about it. You need not hide it from the unholy gaze of the common people. Instead, if you have the true educational spirit, you will seek to give your discovery the widest kind of publicity, both for the good that may result to the public and also, frankly, for the benefit of the advertising and increased opportunities that it will bring to yourself.

Nor need you fear to take issue with established medical theories or practice, even if they are held by the most distinguished men in the profession. If you are convinced that they are wrong, you are at liberty to say so. You are not intimidated by mere names or by any authority not derived from tested experience and sound judgment. If you were a member of organized medicine, you could be suppressed as so many hundreds have been. As a progressive, an independent, you cannot be dictated to. You can attack abuses, errors, obsolete methods, obsolete ideas. You can put forward anything of value that you discover.

You need not bury your inventions to placate the jealousy of old and selfish men. You have a chance to make your own mark in the medical world. Your ability is the sole test.

10. The shy man has his fair chance. You know many of your professional brethren who have succeeded in medicine not because of any exceptional scientific skill, but because they are good mixers, can talk effectively, can make themselves heard and make it understood that they want patronage, while the unassuming man, too shy to push himself forward, is left behind. He may not be actually timid, but he does not want to buttonhole a man—especially a friend—and ask him to throw practice in his way.

For such a man advertising is the greatest boon. He can sit behind his desk and write a clear, forceful advertisement without hesitating, because when he is alone he can think of the right thing to say, the effective thing. Or if he cannot himself write a satisfactory advertisement, he may employ someone who can, someone who will secure for him through publicity the patients that he needs. Even accentuated shyness can thus be overcome and success assured. The handicap has been removed. The self-assertive man with thick skin or loud voice, who pushes himself to the front boldly, is not liked by the people because of his obtrusive qualities, but because these qualities are usually associated with others, such as decision and energy, which undoubtedly are liked and make for individual success.

11. Finally, you are responsible only to your patients. There is no one to tell you officiously how you should treat them, or that you do not practise medicine exactly as it is practised by others. If you believe psycho-therapy is of value in a certain case, you are at liberty to use it; if you are convinced of the merit of electro-therapy, psycho-analysis, chiro-

practic, osteopathy, massage, hot air baths, or light rays, you are free to use these curative agents as you like without fear of prejudiced criticism. You are dealing with your patient, and must justify yourself to him alone. All he wants is to be cured, and if he can be cured without drugs and without an operation he likes it so much the more. You are not responsible to the neighbors, with their predilection for gossip, or to a 'regular' profession which grudges you your success. Your responsibility is to each individual patient, and you are concerned only with rendering him the best service that you can. If he is grateful for what you do for him, and pays you your fair charge, and will recommend others to come to you for relief when they need it, you are a successful man and need pay no attention to idle cavilling.

ARE THERE ANY REAL DISADVANTAGES?

I have already referred to the objection frequently put forward that medical advertising is essentially undignified. It is scarcely necessary to go further into that question, which has been rather clearly settled by the argument, not of words, but of experience. As with banking and other businesses and professions, so must it be with medicine. Formerly the ethics of banking permitted only a card in the newspapers. To-day the most influential and dignified banking institutions carry out far-reaching educational programmes, designed to teach the people the functions of a bank as well as to tell of the individual type of service.

Physicians have by no means a monopoly of dignity. It is not conferred by aloofness. A high pedestal cannot add one cubit to the stature of the man himself. The democracy of the Red Cross, for instance, its splendid use of modern means to satisfy the vast

modern need, is a truer test of real dignity than the exclusiveness and privileged atmosphere of medical clubs and cliques. Medicine, like every other branch of human endeavor, must be judged, and in fact is judged, by its efficiency in accomplishment.

Another objection that I have also referred to is that the public may be imposed upon by quacks. This is a matter merely of proper regulation. Organized medicine should assume the final direction of advertising, should sanction it and use it. The public should be protected by rational oversight. Only absolutely necessary regulations, however, should be laid down. Legitimate originality must be in no way discouraged. The greater danger lies in too much restriction, not in too little. No practitioner should be permitted to claim the impossible; but he must not be prevented from doing what he really can do, and any discovery that he may make must have an open field.

There is only one other objection that may be made with any reasonableness, and this is on the part of the practitioner. He is liable to be ostracized from the medical organization to-day. That objection can only be temporary and will soon be removed. In the meantime, the progressive practitioner does not distress himself. He has organized a medical society of his own. He prefers to be honest and efficient, rather than reactionary and unfree. He keeps his self-respect, and increases the respect of the public for the profession.

COMMON SENSE AND SUCCESS

A good deal of business will naturally be lost to the profession through the education of the public and the abolition of unhygienic conditions. That will be an excellent thing. The more business that he loses in this way, the better will the progressive practitioner

be pleased. He does not wish to thrive upon the decay of the public. But he will thrive increasingly upon the health of the public. An ever larger market will be created for his services as a result of the growing educational advertising. As ignorance diminishes and knowledge is spread widely, health-service will be a commodity—to use the business term—in constant demand.

The standard of living has been raised. The standard of health is being raised. The concern of the physician is more and more with the maintenance of health rather than with the cure of disease. More and more, the people understand that it is better to pay for health-service than to suffer from preventable illness or disease, and then have to pay for a cure. More and more they realize their own responsibility and the true function of the doctor.

When the habit of visiting the doctor regularly becomes general, both the public and the profession will be benefited economically. Each individual will secure his health-service for a small periodic payment, and in the vast majority of cases will avoid the expense of larger fees for the treatment of serious illness; while the doctor, with a regular income from a greatly increased number of small fees, will be far better off. He will not miss the larger fees which he may now be able to get in a few instances, and he will not feel tempted to do dirty work—underhand, criminal work —to eke out his present precarious income.

But the medical profession as a whole is still dormant, when its very life depends upon publicity. It is being increasingly replaced and discredited because it does not take the public into its confidence. If it wishes to survive and then to justify its existence fully, it must adopt advertising openly and without delay. It must be trained to develop the ability to appeal to the public frankly. It must discover its most valuable

assets, the men of vitality and vision, who can discard old ideas and adopt new ones.

The field of publicity is inviting us. The people are clamoring for progress. Our duty and our interest are not opposed, but clearly linked together. We must act for the protection of the public and for the protection of the profession. The old-time medicine has stagnated, while new teachings, new cults, new institutions have appealed to the favor of the people. They prosper more and more day by day, and we are harassed by a persistent and very serious competition which cannot possibly be met without the effective use of publicity. Immediate action is imperative. I for one have refused to consent to the slow suicide of the profession. I have refused to remain silent, to be both an accomplice and a victim. There are hundreds who have seen the light—and advertised. They have not been afraid. Are you?

The medical profession must advertise, and advertise well; but it does not follow that every member needs to advertise individually. That is a matter for personal decision. Some are so busy and successful that they cannot do more than they are now doing, and at the same time do justice to their patients, their profession and themselves. They will share in the general responsibility for educational work and in the resulting benefits. They will, if they are wise, pay attention to the methods of the progressive practitioner, and adopt new ideas where necessary for the better arrangement of their work. But they will not wish to extend a practice that is already quite large enough. Others, however, must and will advertise. It is easy to draw up a list of those who would especially profit by the new system.

1. The young M.D. just out of school or hospital. Advertising puts him on his feet. It gives him an

opportunity to win success and reputation on his personal merits, without loss of time.

2. The 'live wire,' the man who has initiative and ability and wants to use them.

3. The successful practising specialist, who desires the opportunity to enlighten and help the public.

4. The proud man, the idealist of the profession. Advertising will save him from humiliation and an uncongenial course of action.

5. The shy man, who does not like to make himself conspicuous, or is not convincing in manner or personality.

6. The independent man, who is tired of the yoke of ethics and the fatal limitations of orthodoxy.

7. The man who because of some unfortunate mistake or misfortune must start life anew. Advertising gives him another chance to win success if he deserves it.

8. The man who wishes to drive home to the people the superiority of prevention over cure, urging them to come to the doctor before they are ill rather than after.

9. The sociological or sanitary doctor, who wishes to educate the public, to teach them vital facts for the welfare of the community; to say nothing of the futurist in medicine—the man who believes in group medicine, in life prolongation, in medical centers, in the travelling specialist and laboratory, etc.

10. The man who does not like the restrictions imposed by dependence on the same circle of patients in the same neighborhood; the man who wants to reach out, to enlarge his acquaintance with different types.

In my own experience of many years, during which I have preached and practised advertising, I have watched the invariable results, which seem so wonderful to those who have not understood the enormous power

of publicity. Men who graduated with me have written from different cities, telling of their troubles. I have always told them the true solution—to advertise and be successful. Some of them have not been particularly pleased with the advice. They clung to their prejudices—and their failures. Others, examining the idea fairly, adopted it and proved its value. Dr. S., a friend of mine who lived in Missouri, was visited by a flood which carried away not only his tangible possessions, but that intangible thing called a practice as well. He asked me what I would advise him to do. I told him. He followed my advice. Settling in a little town not far away from the old one, he advertised that he had practised in H—— for sixteen years, told the story of the flood, and said that he was ready to give medical advice and wanted business. He never regretted the flood.

Another friend of mine was visited with a worse affliction than a flood—a wife who was distinctly not a helpmate. She not only pestered him personally, but drove away his patients until he was reduced almost literally to starvation. He faced the situation resolutely, made the necessary arrangements, settled in another town not far away, and advertised. He is a successful and happy man to-day.

One man whom I knew, with tuberculosis developing, had to stop practising and go out to Denver. When he came back, hale again, he found it impossible to get his practice together: it had disintegrated. As he was a qualified druggist, I advised him to get hold of a drug store, and advertise. He did, with the most successful results.

Dr. C. E. Blanchard, of Youngstown, Ohio, telling his own story, says:

'I stood many days and saw the streams of people passing over the Market Street bridge. I knew many of them needed my help, and I needed the money they

would pay me. Why could we not get into touch? Why did they not come? I had hung up the usual doctor's signs. I had telephones. I walked about, went to church, theatre, and the usual decent places where I might become acquainted with people.

'I had a good office, with all the latest electrical and other modern appliances. My surgical tools, collected during my extensive experience in the Emergency Hospital at Cleveland, were better and more complete than any I saw in my many perfunctory calls on other doctors.

' . . . I thought of hunting a job, and did actually make tentative applications for work as a drug salesman, such work as I had done during my student days. . . . '

But—'It dawned upon me that my opportunity was to get in touch with good people who needed my help. I knew all I lacked was to let people know who I was and what I had to sell.'

So he advertised—not in a crude, thoughtless way, but in a characteristic, novel way. He spent his last $25 for his first advertisement; and to-day he is one of the most popular and successful practitioners in Ohio, with a state-wide reputation.

Two young friends of mine, who had been ethical and impoverished in a certain part of New York, recently came to my own neighborhood, made a new start and advertised. They do not interfere with me in the slightest degree; there is room for us all; but within less than a year they have built up as large a practice as they can handle; indeed, they could not handle it but for the new methods of efficiency which they have learnt and adopted. They are happy and prosperous in a way that they could not understand before. They are filling their own niche in the world, and know what it means to give good service and receive the proper return.

On the other hand, some men who have spoken to me had not enough courage to take the right step. Their general remark has been: 'Yes, I know you're right, Landis. But I'm afraid . . .'

Afraid of what? One man mentioned the 'censors.' Who on earth are these self-appointed, self-anointed 'censors' or all their Comitia Majora and Minora, etc.?

What they are really afraid of is the Great Illusion —the American Medical Association, which is supposed to exist to forward their development and guard their welfare. They are so afraid of this 'protective' association that they dare not take a step which they acknowledge to be clearly right and which would lead them from failure to success.

But I hope that the majority of the profession will not let themselves be intimidated any longer, when they realize the facts. The time is ripe for change. Practitioners as individuals and in groups show an inclination to consider, to investigate, new ideas. If this search for truth goes on, it will lead to the recognition that advertising is offered as a great boon, a free gift to the profession. Its adoption will mark the first step towards equal return for equal effort, which is the first step towards fraternity in the profession.

A medical man with no practice is a very helpless man—if he chooses to remain helpless. Through advertising, and observing the principles which the progressive practitioner has developed, he may always become a successful member of the profession and of society. It is not only to his obvious interest to advertise. It is his plain duty. He has a right to expect success, on the simple condition of adequate service. He has a right to measure his success, as a business man does, by an economic and not merely a visionary standard. He must do the best that he

can for himself if he is to do the best that he can for the public.

The progressive practitioner has seen and tested the one means for the regeneration of the profession. He has led the way, not to Utopia, but to a practicable, realizable solution of all the troubles of the medical world. The leading has not been easy; he has been criticized and ostracized; but he has won complete success for himself and has shown unmistakably how success can be gained by the whole of the profession.

Advertising speaks all languages and serves all occasions. Difficulties of time and space vanish before it. Demand and supply, seeking each other, are brought into contact without the waste of indirection and delay. And although medical advertising, so far as it has been employed till now, includes much that is crude, highly colored and inartistic, yet it is essentially a beautiful thing, for it is a means of service.

If all medical organizations should vanish, if all ethical cults should disappear, the force of medical advertising would still provide a controlling influence, showing the way for the ordinary practitioner. A hundred years hence, when medical men read of the struggle of the progressive practitioners against the outworn traditions of the profession, they will read with a certain incredulous curiosity. For it is under the banner of publicity that the keener, stronger men of the profession have enlisted—the men who have the desire for freedom coupled with the unquenchable desire for service. That banner will fly in every land where the healing art is practised. It will be the banner under which medical men will rally who live honestly, paying their just debts, giving just service, finding a fuller spiritual life because they are free from the anxieties of financial insecurity and from the discouragement of impeded effort.

Think it over. If you want to give yourself a real

chance, study what medical advertising has already done and try to realize what it is going to do on a vaster scale in the near future; then make up your mind and take the road to success. Every progressive practitioner will gladly give you a helping hand, though you will not need that if you adopt progressive principles and practise them for yourself.

The following letter from Dr. J. Gray Thomas, of Montgomery, Alabama, should prove interesting in this connection:

'I have always been a so-called ethical physician (which name is a misnomer) until a year ago. In 1915 and 1916 I was attempting to operate a co-operative hospital association in Birmingham, Ala., on a plan by which its members paid in a monthly fee whether sick or well; but for some reason I could not get the co-operation of the public and had the so-called ethical physician to contend with. After nearly two years' hard work without pay I lost twelve thousand dollars, so decided to wind up the business. . . . I did not care to return to my home town when I was "broke," but had an opportunity to go into the advertising game in Montgomery. At first I did not want to accept the proposition, thinking people would look down upon me; but now I know it was *the strike of my life.* I have made good and believe I have the respect of the community, except some of the so-called ethical fraternity, and for them I do not care. I realize that where one advertises, the eyes of all are more centred upon him than on the so-called ethical physician, and for this reason he must do a little more for his patient than the ethicalist. . . .'

Yes, the advertising way is the way of success for the profession, and of efficient service for the public.

VII

MEDICAL ETHICS AND PUBLICITY

I HAVE been told so often that it is unethical to advertise that I made up my mind to look into the question more closely. Does advertising violate ethics? If so, why? I went to the dictionary for a little light upon the matter.

'Ethics,' says Webster, 'is the science which treats (1) of the nature of the moral agent as an intelligent and free being possessed of a conscience; and (2) of the nature of virtue and of the right in conduct, actions and aims, embracing the consideration of the supreme good or end, the supreme rule and the ultimate ground of obligation. It is the science that offers a rational explanation of the ideas of Rightness and Oughtness, and that deals with the life of free beings under these conceptions. It is the science of Right.'

Quite a definition. The last sentence contains the gist of the whole thing. Ethics is the science of Right. Is it right to advertise? Is it right for the physician to use the press, the platform or any other means to obtain publicity?

In his 'Data of Ethics,' Herbert Spencer says that if 'by using speech, either for the expression of a belief or for the maintenance of a belief, no one prevents any other person from doing the like,' then the law of equal freedom is observed. And *vice versa*, if anyone hinders you from employing speech while he himself retains the privilege, he is acting unethically.

Continuing, he says: 'Evidently with change of terms the same thing may be said concerning the right

of publication—"the liberty of unlicensed printing." In respect to their ethical relations, there exists no essential difference between the act of speaking and the act of symbolizing speech by writing, or the act of multiplying copies of that which has been written.

'One qualification, implied by the preceding . . . has to be named. Freedom of speech, spoken, written or printed, does not include freedom to use speech for the utterance of calumny or the propagation of it; nor does it include freedom to use speech for the commission of injuries to others. Both of these employments of it are obviously excluded by those limits to human liberty which have been set forth.'

And again: ' . . . proposals to limit the right of free speech, political or religious, can be defended only by making the tacit assumption that whatever political or religious beliefs are at the time established, are wholly true; and since this tacit assumption has throughout the past proved to be habitually erroneous, regard for experience may reasonably prevent us from assuming that the current beliefs are wholly true.'

According to Spencer, then, there is nothing wrong with either spoken or written publicity. On the contrary, any 'proposals to limit the right of free speech' are wrong, because they are based on the assumption—which cannot be maintained—that the limitation is a correct and proper one.

Tersely put, we can sum up the ethical conceptions into the doctrine that he does right who does the greatest good to the greatest number.

Does advertising do this? That is the question.

Aside from this, however, there is another consideration. Admitting for the moment that advertising does not violate ethics in the broad sense, it does violate medical ethics in the restricted sense that medical ethics is a professional code of conduct, and this code states that it shall be considered unethical for a physi-

cian to attract undue notice or publish anything about himself, except through the means of an ordinary business card.

This code is over a hundred years old and is based on the advice of a father to his son, who was entering upon the practice of medicine. The original author was Dr. Thomas Percival, an Englishman, and his observations are just those which would be addressed by one prosy person to another. From this poor legacy of the age and spirit of George III was evolved the elaborate code that we have to-day, the fantastic production which is supposed to guide medical men in their conduct towards the public and each other.

It is almost amusing, as well as amazing, that a code prepared in 1803—in the time of cutting, bleeding, 'gunshot' doses and sawbone surgery—should have lasted into the days of serum-therapy, vaccines, bacteriology and antisepsis, and finally of the phenomena of radio-activity, which have put even former physics and chemistry considerably out of gear. A keen business man, or an experienced professional man of any progressive profession, has a curious reaction after reading this code. He cannot understand that it is intended to be taken seriously. He can scarcely realize the suffering that it has caused, the crimes that have been committed in its name.

It is perfectly possible that one may violate ethics and yet be in accord with an artificial ethical code, or violate the arbitrary code and yet be in accord with ethics. And that is exactly what is happening to-day. The medical code of ethics is antiquated and absurd. It has not kept pace with medical progress and the progress of the world. Conditions have altered completely, but the code has remained stationary. Dr. Norman Barnesby, in his book 'Medical Chaos and Crime,' says forcibly:

'To sum it up, the official Principles of Ethics seem

so contrived that the doctor who is possessed of any sense of honor is forced to stifle his humane impulses and at times connive at the grossest malpractice, while the "grafter" may take refuge under the code to-day, and to-morrow violate it both in letter and in spirit.'

You are all acquainted with cases where a brother physician was guilty of negligence and malpractice. Why did you keep quiet? You know of many practitioners quite unfit to operate, who nevertheless operate frequently, and sacrifice the health or life of the patient. Why do you keep quiet? Ethics! The code itself tells you to 'expose without fear or favor . . . corrupt or dishonest conduct of members of the profession.' Mere words: for the whole spirit of the code seals your mouth, and you condone outrages that are criminal. As Shaw has said, medical ethics and etiquette veil a huge conspiracy of silence against the public. 'Professional etiquette has for its object not the health of the patient or of the community, but the protection of the doctor's livelihood and the concealment of his errors.' Knowing well that there are men around you who would perform a criminal and unnecessary operation of any character for the sake of a fee, you still keep quiet. You do not denounce them, that they may be debarred from practising medicine. You cover their offences and your own supineness under the cloak of medical ethics. If you are ethical in the true sense, denounce each and every one of these men, and take active steps to have them expelled from medical societies and organizations. It is true that this would not really help matters: but you would at least be consistent. What is wanted, of course, is primarily economic reform. When he can earn a fair income by fair methods, the practitioner will not be so dangerously tempted to do underhand work.

Does a man who advertises commit such an offence as these men do? Is he not far more ethical? While

they are doing positive injury to the public and the profession, the advertising man is trying to do the greatest good to the greatest number; for by advertising he helps the people to help themselves; he helps himself to a better practice; and he helps the profession as a whole by inducing more and more people to consult with the physician, regularly and frequently.

I am not claiming that the progressive physician who advertises is in his nature one whit better than the ethical physician. There are good and bad on both sides of the ethical line. A man may be honest and advertise, or honest and not advertise; he may be dishonest and advertise, or he may be dishonest and not advertise. But the regular practitioner is certainly handicapped. His code of ethics throws a heavy burden upon him. He is not allowed to do things which are fair and open. He learns too often to work in underhand ways. The advertising practitioner, with his business methods, feels no temptation to indulge in mean or dark practices. He has the use of proper publicity, with all the advantages that come from it. Where the ethical man may learn to be dishonest in order to make some kind of a living, the advertising man can only be a knave when he has a special tendency to such weakness. For all his interests are on the other side.

The question, however, is not between ethics and honesty. It is between present day medical ethics and humanitarian ethics, and I prefer the latter.

Dr. C. E. Blanchard says in his book, 'Medical Dollars and Sense': 'For me, I had to choose between ethics and honesty, and I let ethics go. Not that ethical men are not honest—many are, many are not. What I mean is that applied ethics and honesty have not necessarily anything in common.'

The doctor is supposed to be a person who is distinctly above the ordinary. His illusions are few, while

his fund of knowledge is enormous. He has met all classes, the worst and the best, the religious and the irreligious, and if he has reached any conclusions they are practical ones. The lawyer's services are temporal, the minister's services are spiritual, but the physician's services are physical and psychical. The lawyer we take into our confidence when we have to; the clergyman we admit to our parlor; but the doctor goes into the bedroom unannounced. He goes in at a time when the house, temporal and spiritual, has not been set to rights for his reception; but if what he sees there surprises him, he seldom lets it be known. In the healing of bodies he has opportunities for healing souls which could never come to a priest. He is the lay father-confessor, regardless of creed.

'And to him belongs the final reward of service, which is the increased opportunity for service.' The physician of to-day cannot forget that he can do more good primarily as an adviser and a teacher than with his old-time pills, powders and plasters.

It is this high ideal which the public rightly expects to find in us which makes it necessary for us so to change our code of ethics that it will represent our true standards far more accurately than the absurd and abused code of to-day. We need a code that all will observe openly, and that none will try to evade secretly. We need a code which will bring us into closer contact with the public. Instead of stultifying ourselves by aloofness, we must be able to use the great force of educational advertising. We must engender on the part of the public a new respect for our knowledge and a new confidence in our power to help nature to combat disease. It cannot possibly be unethical to give the public information of which it is sadly in need, and which cannot but help it and cannot in any way do it any harm. We owe so much of our knowledge to men in other callings and in other lines of busi-

ness; they have taught us by their advertising, and we in turn should surely be willing to give the next fellow information that may be useful to him.

Self-preservation is the first law of nature, and the individual who advertises is conforming to this fundamental law. A man must make himself and his work known: nobody else will do that for him. 'What can you do?' is the query on the lips of everybody wanting service. There is more honor in standing firmly on your own demonstrated ability and telling what you are fully capable of performing in the treatment of disease, than in having your shortcomings overlooked and in being indorsed nevertheless by the whole society of medical ethical mediocrities.

He who does not show himself is overlooked. The doctor has his skill. The patient has his malady. Each needs the other. The only fair way in which to bring them together is through rational publicity. The patient does not want to choose in the dark. He should not be asked to do so. As a matter of fact, he refuses increasingly to be so foolish. That is why there is a popular demand for medical advertising to-day. The people want it, and want more and more of it. They believe in publicity; they want a chance to appraise what they are choosing before the choice is made. Well, they will get what they want; for they are learning how to insist upon getting it when they know they are right. The medical profession will have to change its practice, whether it wishes to do so or not, to conform with the desire of the people. 'Tempora mutantur et nos mutamur in illis'—Times change, and we change with them.

If a young man to-day were to show exceptional aptitude in the medical profession and possessed at the same time the ability to make himself known ethically, it would soon be gently suggested to him that it is not entirely ethical to put oneself so much in the

limelight. He would be restrained from doing the very thing which the self-appointed proponents of ethics are doing—and waxing rich and famous in consequence.

But there is one way in which the young practitioner is kindly allowed to advertise himself by his ethical overseers. He may help in the pauperization of the profession and the public. He is permitted to become known through his charity work. He is permitted to work for nothing. It is judged ethical by the profession to debase the knowledge which the physician has acquired after so many years of study, but it is not ethical to deal in a straightforward, decent manner with the public: to show them what you can do, and receive a fair charge when they are able to pay it.

The joke of the whole thing, however, lies in this, that the ethical profession does not follow either the ethical code of humanitarianism or the ethical code of artificiality. Ethics is not practised in the profession. Graft is common, fee-splitting is an abuse against which many have been fighting for years, unnecessary operations are frequent, criminal operations are performed everywhere and every day. And so on. Nor is this unethicality confined to the struggling young practitioner who might plead some excuse. The well-known and respected practitioners are just as unethical.

FEE-SPLITTING

Not long ago the following letter, drawn up by a Chicago specialist for the purpose of collating the replies and reporting them to a local society, was sent to one hundred Chicago surgeons and physicians:

'My dear Doctor: I have a case under my charge which requires attention along your line of work. I am not quite sure of my diagnosis, but will leave the whole matter to you. The people have heard of you

favorably and are inclined to go to you for treatment. As they are wealthy, they ought to pay a good fee for the service. Now, doctor, you understand that I am a young man just starting a practice, and in small towns we cannot make any distinction between the rich and poor in matters of charges. I have only received my regular visiting fee in this case. I understand, however, that it is customary for physicians to pay a commission of twenty-five per cent. upon all referred work, and I shall deem it a favor if you can take care of me in this matter.

'Kindly let me hear from you by return mail, as I am anxious to bring the case to you at once if satisfactory arrangements can be made.

'Yours truly,

'.....'

About forty per cent. of the replies agreed to the arrangement,—and the names of the prominent were not absent!

Fee-splitting is at bottom an economic question, rather than a moral one. Under the present system, the general practitioner is hurried and worried and harried to make a living. In the course of a case, he calls in a consultant or surgeon, who gets more for fifteen or thirty minutes' work than the family physician gets for six months' hard and conscientious service. Naturally the financial inequality impresses itself upon the physician's mind. He has put his surgical friend in the way of making a very comforting fee, and has lost money himself. He had the disposition of the case; he could have recommended any one of a dozen men; and he has therefore conferred a distinct financial favor in delivering his patient to this particular individual. Is he not entitled to a commission? Well, there is nothing inherently wrong in receiving a commission. It is a legitimate and very

familiar occurrence in the commercial world. But secrecy, with its suggestion of underhandedness, certainly vitiates the whole transaction. No medical man can accept such a situation contentedly; nor can he accept without shame the evasions which sometimes take the place of an actual commission,—for instance, when he is invited to assist (nominally) in an operation, and so (nominally) earn his share of the fee; or when the specialist promises or hints that he will place a case in the practitioner's way, from which he can extract the equivalent of a commission; and so on. This is all distinctly shady work. If the practitioner were free to do what he would consciously and openly choose in order to ensure his economic independence, he would not degrade himself by accepting graft.

The opposite side of fee-splitting is case-stealing, which goes on under the very shadow of the code, and is not disdained by the most exalted practitioners.

Dr. Edwin J. Kehoe, of Cincinnati, says in 'Medical Ethics' (the 'Lancet-Clinic,' July 24, 1909):

'But to the case-stealing old doctor must go the palm for nibbling patients. He has the confidence of the people, and can by a significant glance, or a seemingly harmless bit of advice, purloin your case with the dexterity of the artful dodger.'

THE YOKE OF ETHICS

Dr. G. Frank Lydston, in an article in 'Medical News,' April 6, 1901, said:

'It is my belief that "thou shalt not advertise" was of necessity written in a pharisaical spirit and that it has been the cloak of more inconsistency and hypocrisy than anything ever written for the guidance of medical men. . . . Conditions nowadays absolutely demand advertising of one kind or another on the

part of medical men. The physician must advertise or starve. . . .

'The most important forms of professional advertising are college advertising, medical writing, social advertising, church advertising, secret society advertising, and that indefinable something known as newspaper prominence, which is called advertising by the fellow who can't get it and is considered a laudable enterprise by the fellow who does . . .

'The unwritten law of the profession that its members should keep themselves in the background has been the greatest stumbling block to professional advancement. The medical profession to-day has no particular social, commercial, financial or political importance simply because of the bigotry and intolerance of the profession itself. . . .

'The subject of advertising is one of the most vital questions pertaining to latter-day medical practice. . . . We may enact the rôle of the ostrich with its head in the ground as much as we please, but the advertising problem is one from which we cannot escape. . . . Time was when the question of professional advertising was simplicity itself. Those of us who graduated twenty or more years ago will recall that the commandment "Thou shalt not advertise" covered the ground without any apparent necessity for hair-splitting niceties of distinction. On entering practice, however, we found things different from our ideal. We found that that ideal was more honored in the breach than the observance. We found that we had taken the medical eleventh commandment too literally. Its correct interpretation should have been "Thou shalt not be caught advertising, nor shalt thou pay for it openly!"

'We very quickly discovered that living without advertising in the practice of medicine was all moonshine, that we were compelled to advertise in one way or an-

other or starve. The exigencies of the situation have from year to year increased the necessity of advertising, have lessened opportunities for surreptitious advertising and compelled the adoption of methods on the part of some of our brethren whose motto, "Get there, Eli," would cause a Chatham Street pedler to blush.

'All the evidence goes to show that times have changed since the code was written, and that the profession is trying to adapt itself to that change. In this endeavor it is perhaps by no means surprising that certain members of the profession have gone to the last extreme and adopted methods which put out-and-out advertising to the blush. The struggle for readjustment of our ethical notions will continue until out of the chaos of dishonest commercialism and shady methods comes a practical system of medical ethics that shall contain fewer absurdities than the code by which we have professed to be regulated for many years.'

Divers false gods have been set up while the profession was asleep, and the people have bowed down to them. The multitudes of so-called health-builders and strength-builders, of cults and -isms, and the tremendous grip that they have on the mind, body and purse of the American people, show conclusively that the public is not satisfied with stagnation, but will turn restlessly away from orthodox medicine if orthodox medicine cannot satisfy it. If the profession is now awake to the danger and wishes to regain the confidence of the people, it will have to abandon the privacy and exclusiveness of the closet and meeting room, and by sanctioning and using educational advertising help the people to see values truly and make a correct judgment between the cults and medicine. Scientific medicine must fail in its mission of beneficence in so far as it falls short of its right and duty to control popular

ignorance and guide the uninformed and ill-informed to knowledge and discrimination. Legislators and others in authority must learn to recognize the proper place and power of the profession in all things relating to the advancement of sanitary science and preventive medicine. The art of healing must not be separated from the science of prevention. The physician must educate the people in sanitation and hygiene. Advertising supplies the indispensable means.

Dr. Thomas Dixon of Brooklyn, in the 'Medical Economist' for August, 1913, writes: 'The medical profession must realize that no great reform ever has been accomplished or ever will be accomplished without public sentiment back of it, and that the most successful manner of obtaining the good will of the people is by wide publicity through the public press. The non-progressive attitude of the profession toward publicity is no doubt responsible for its present deplorable economic condition. The lack of frankness on the part of physicians has engendered a suspicion in the minds of the public as to their altruistic motives, and this finds expression in the disregard of obligations and the unjust discrimination against them by lawmakers. The most enlightened up-to-date men of the present day recognize that the whole trend of modern thought is in favor of publicity and against the gag law, secret session and back-room conference. The man or organization that has nothing to conceal from the public has a tremendous advantage over the gag-ruled back-room affair which implies that it is trying to conceal something. . . . The hidebound traditions of the profession against publicity are responsible for the large number of quacks and charlatans affecting the people.'

For years the medical profession has chafed under the galling yoke of ethics, and the denial of the simple right of taking the public into its confidence. Dr.

Howard P. Barber, in the 'Medical Economist' for November, 1915, thus states the problem:

'This hoary old doctrine or code of professional ethics as applied to advertising is absolutely wrong, founded as it is upon selfish principles, and while it dies hard, it must die. A professional man—clergyman, lawyer, physician or dentist—is primarily an adviser and a teacher. Is it then unprofessional to use the great modern power for good, namely, educational advertising?'

MEDICAL PATENTS

Professional ethics prohibits a medical man from holding a patent upon a surgical instrument or a medical preparation. The lay mind must find it difficult to understand the point in this fine piece of dialectic. If a scientist discovers a serum that may be the means of saving countless human lives, or invents a surgical instrument that makes possible a new operation and new cures, is he not entitled to benefit financially from his discoveries? The argument against this is that his private control would interfere with the unrestricted use; that the profits demanded might make the new treatment so expensive that many poor people would be deprived of it. If these new things were not in fact commercialized, there might be some reason in this contention. What actually happens, however, is that as soon as a new preparation or new instrument is devised, large manufacturers at once seize upon it. Some of these men have no scruples about making money even out of the misfortunes of humanity. The profits, therefore, which are frequently large, go to private capitalists instead of to the man who is entitled to them. As a matter of truth and common sense, it would really protect the public more if medical men were to hold patents.

SOCIAL RESPONSIBILITY

It would seem that the average physician of the old school has failed to realize that the development of civilization has modified the attitude of the community toward the physician. Individualism has given way to the recognition that the health of the individual is the concern of the multitude. The physician is answerable not alone to the particular patient, but to the public. Instead of the old individual form of responsibility, there has developed a large social responsibility. The doctor has become a most vital factor in society. He must take his place among the teachers of the people. He must be a leader in the general progress of the community. To accomplish his highest function, he must come into direct contact with the public, unhampered by a restrictive and suffocating ethics fashioned by our forefathers a hundred years ago. He must have the opportunity for individual expression.

Obstructed as he has been until now, what are the means of individual expression which the practitioner has been forced to adopt? We all know. To establish himself, to gain a livelihood and maintain his practice, he has connected himself with social clubs, lodges and other fraternal societies; he has tried to make capital through his church associations; he has been a wirepuller in ward politics; he has curried favor with the rich and influential. He has adopted every form of questionable advertising, including the unwilling donation of free services in hospitals and dispensaries.

To these degrading and demoralizing steps the medical profession has been reduced by 'the penurious despotism,' as Sir William Gardner calls it, 'which has been exercised over the art of medicine by the fetters of dead orthodoxies.' Chicanery, duplicity and evasion are rife to-day. Necessity has been the mother of strange inventions. The code which the ethicalists

uphold publicly, they violate secretly both in the letter and in the spirit. Their fetich has forced them to become unscrupulous if they would exist.

PUBLICITY AND SUCCESS

Success is never the result of chance, say the obstructionists; it must be based on something more solid than that; consequently, they argue, advertising is not a necessity because it will not solve the difficulty; let the young man study and apply himself to the little practice that he has, and he will soon find himself successful.

This is not true. Success, as we all know, is very often the result of what we call chance. But advertising has very little to do with chance. It is not a mysterious or erratic force. Its operation can be observed and its technique easily understood. It is not in any experimental stage. Its fundamental laws have been carefully worked out, and their application thoroughly tested. The results of scientific advertising are not the results of chance. They come with mathematical certainty. Study and apply the principles, and you will observe the natural consequences. Success gained through advertising, then, is not gained through chance. It is gained through the proper choice and use of proper methods. Every man in the medical profession should be given the opportunity to employ those methods and win success. If he is denied this opportunity by the ethical society, he should be strong enough and resolute enough to take it himself.

Dr. Ignatz Mayer, president of the Allied Medical Associations, said in his address at the convention, June 18, 1919:

'You will find that a continuous effort is being made (by the American Medical Association) to deprive you of your liberty and freedom to practise medicine

or surgery according to your own practical experiences or discoveries which have proved successful in your hands, unless you belong to that aristocratic association which must first sanction and approve your method.'

THE RIGHT OF FREE SPEECH

The practitioner should not only be permitted—and encouraged—to advertise; he should be as free to express his ideas, his opinions, his advice, his knowledge and experience, as any other citizen of a land of equal rights and equal opportunities. He is surely entitled to the privilege that is accorded as a matter of course to the commonest laborer.

Some of our undemocratic colleges have tried to muzzle their professors and instructors in defiance of a time-honored freedom. In every case an enlightened public opinion has condemned such action and punished the institutions that attempted it. But the public is not yet interested very deeply in the plight of the physician. It knows so little of the conditions that are shackling and galling him. Yet the public is vitally concerned, even more so than in the case of the college professor. One in ten thousand may attend a college; but every man, woman and child must at one time or another call in a doctor.

No permanent solution of the social problem of the medical profession will be obtained until the majority in the profession assert their right to self-expression and direct communication with the public. Neither good fees, nor comfortable working conditions, nor provision against the unfavorable contingencies of life, nor all these together, will render the position of the medical man satisfactory if he must remain in the state of dependence in which he is to-day, with no right to do anything except in accordance with a tradition

that has long outlived its usefulness, if it ever had any.

In my opinion it is a good thing for the profession and for the public dependent upon it to encourage expression in the lay press, the printed pamphlet, or by other proper means, even if that expression is not wholly correct. Through diversity and error we come to agreement and truth. Whether we are right or not in the present, only the future can reveal; but the very publication of an expression of belief is bound to further investigation and be helpful.

INTOLERANCE

The stifling of expression on the part of organized medicine, wherever that expression took a form not sanctioned by the organization, has been pitiful. Intolerance has been the retarding element to progress since the history of nations began, and it is the one big obstacle to medical progress to-day. From the earliest times of which we have any record, the medical man has been a victim of such intolerance. Of the recent and more widely known instances, we need only recall that in 1628, when Harvey discovered that the blood circulated in the arteries, he was denounced because the acceptance of his discovery would mean the upsetting of all the old theories of anatomy and physiology. When Jenner announced that he had discovered a prophylactic against smallpox, he met with the greatest persecution and ridicule before any attempt had been made by organized medicine to prove the fallacy or truth of his contention. When Dr. Morton first tried to show the practicability of the use of ether to obliterate pain during surgical operations, the entire medical profession combined against him; he was thrown into prison on preposterous charges, and in Christian New England he was held further on a charge of witchcraft. When Drs. Wooster

Beach and T. V. Morrow about fifty years ago denounced blood-letting and all depleting treatment in diseases, they were cried down as quacks and denied a hearing.

These are some of the classic illustrations of medical bigotry. With such a record, it is not surprising to find the organized ring intrenched against any sort of progressivism in the profession; but it is strange that the rank and file should still follow the dictates of reactionary leaders, instead of reasoning matters out for themselves. The American Medical Association autocratically frames the laws that govern the profession to-day and its emissaries are to be found in every state, city and county in the Union. Its laws are as arbitrary and despotic as ever emanated from a Tsar of Russia; and yet if we do not observe them to the very letter, and are unwilling to evade them secretly and cunningly, we are ostracized and denounced as quacks—that is, if we are outside the cliques which reserve to themselves the privilege and profit of violating the code without incurring any penalty. They can advertise themselves in college announcements and commencement exercises, in clinics and dispensaries, in the issuing of pamphlets and books on special subjects, and in the skilful use of newspaper and social publicity.

As far back as 1840, all legal rights for regulating the practice of medicine in New York State were vested in the State Medical Society. On account of the continual abuse of this power, and notably the intolerance with which the osteopaths of that time were treated, the legislature took the legal authority away. But the Society, like the National Association, has found innumerable ways of asserting its bigotry and imposing its narrow limitations on the profession. That will soon be changed. The cliques have had their day. It has been a long day, but it is almost over.

'Humanitarianism must take precedence over criminal clannishness.'

The recent formation of a Ministry of Health in Great Britain is highly instructive. All the different medical societies of the United Kingdom are now brought under the control of the distinguished Minister, Dr. Christopher Addison, with direct responsibility to Parliament; and, as the 'Evening Sun' of August 9, 1919, remarks: 'The result is that they are about to be shorn to a very great degree of the powers which they have misused for purposes of tyranny and obstruction.

'The General Medical Council has followed a policy, not only conservative, but even reactionary. It has set its face against new ideas, new discoveries and new methods of treatment. It is no exaggeration to assert that it has stood in the way of progress.

'For instance, it has bitterly opposed osteopathy, and a year or so ago actually went to the length of striking a reputable physician of high standing, a Dr. Axham, off its rolls and depriving him of his license to practise medicine or surgery because in the particularly difficult case of a wounded officer he had called in the assistance of one of the leading osteopaths in London, whose services had been invoked by great soldiers, statesmen, merchant princes, etc., with gratifying results.'

Intolerance seems to have been the universal medical way. We have had no monopoly of it in this country, but we need not retain it, with all the narrow-mindedness which has been a perpetual reproach to the professional organizations. In Great Britain, Dr. Addison has already intimated that he intends to form a Bureau of New Ideas, composed of independent men, who may be relied upon to give fair and sympathetic consideration to all discoveries and developments in medical and surgical science. This is a splendid step

forward; but it is one that should have been taken long ago, and the United States should have been the first to take it, strange as it would have seemed to the medical bureaucrats even to dream of encouraging originality and enterprise. The bureaucracy, fortunately, is not so important as it imagines itself to be: the only really important thing about it will be its elimination. The vested interests of the cliques cannot continue to prevail over the vital interests of the profession at large and of the whole nation.

The American Medical Association, while condemning the use of commercial methods in the conduct of a practice and prohibiting the use of advertising by individuals, is itself an intensely commercial organization and does itself resort to advertisement. When the Journal of the American Medical Association was started, the organizers and editors considered it unethical to carry advertisements. Under such conditions, it was not a prosperous undertaking, and in due time the editors revised their ideas of what was ethical and what was not, and accepted proprietary advertisements. The Journal has received its main financial support from the very men whose business it continually discredits. Similarly, while decrying any attempt on the part of medical men to patent their inventions, the Journal is careful to copyright each issue and to secure a monopoly of its medical news.

If these august leaders may reverse any ethical conception that they entertained because they have found that it does not pay, the rank and file may well consider seriously their own right to free judgment and free action. The profession has tried ethical methods for a century or more, and it has not become more ethical or more self-supporting. The cold, calculating presumption of the Association has kept the great majority in subjection to the unscrupulous few. The code that it enforces protects no one except the mem-

bers of the cliques and is designed only in their interests. The average practitioner is expected to run his practice and his office, and regulate his life and conduct, on an impossible plan and under absurd conditions.

Advertising is strictly in accordance with a humanitarian conception of ethics, however it may disagree with the present medical code. It is not only justifiable but necessary, and there is no reason why we should any longer refuse to use such a valuable arm of public service. The ethicalists are slowly coming to see the truth, and every year more and more of them are joining the ranks of the independent, progressive practitioners. In 1916 the Ohio Medical Society failed by merely a few votes to pass a resolution, supported by the president, in favor of the adoption of advertising. Only recently the president of the Illinois Medical Society, Dr. J. F. Perry, created a sensation when he advocated the same thing. He said that we must press forward the true aim and objects of science, that the medical profession and the lay press are sadly in need of each other's help. We have been too reticent for all concerned, and the public should be made to understand what is justice and what is not justice to the medical profession. He closed by predicting that within twenty-five years doctors will advertise and pay for it just as other people do, in business and in the sensibly regulated professions.

THE ATTITUDE OF THE PUBLIC

The public does not in reality care about internal ethics or artificial codes. It is interested in service, not in purely professional regulations. Evidence of the general indifference towards the professional medical code becomes daily more convincing. Christian Science is in itself an overwhelming proof that the

public will disregard medical ethics in its search for health. Whatever may be our personal opinion of this far-reaching and deep-rooted movement, it cannot be gainsaid that it stands as a powerful rebuke to the pretentiousness and mock puritanism of medical ethics. The millions of dollars annually spent on patent medicines, the millions poured into the cash registers of the corner drug stores for counter prescriptions, provide further demonstration that medical ethics does not exercise the slightest restraint upon the public, which is concerned with its life to-day, and not with the discredited ideas of a dead generation. It wants and has a right to want the benefits of modern scientific knowledge. It has sanctioned advertising in every other profession that has taken it up, and by its patronage to the competent progressive practitioner has indicated clearly that it approves of medical advertising. It is looking for efficiency and likes to know where to find it.

We may as well give the necessary information, to our own benefit and the benefit of the public.

INTIMIDATION

A few words of warning are necessary here. The progressive practitioner must remember that the reactionaries may devise traps for him: intolerance and vindictiveness go together. The medical cliques have political affiliations; they can start the machinery of persecution. Some new assistant district attorney, eager for notoriety, ignorant of the true conditions, and prejudiced, perhaps, by an influential 'ethical' acquaintance, may take up the congenial task of harassing and hounding the independent practitioner. But a clear conscience and a clear record will win out.

The intimidatory methods of the ethical medical rings and societies are repellent to any man of decent

instincts. They pay their lawyers—some of whom have failed as medical practitioners and taken up a more remunerative profession—a fixed annual fee. Naturally, these lawyers have to do something to earn their money; they have to show results. Hence the spying and lying system. Of course, if you employ spies to bring you information of a certain kind, they bring it. They don't wish to lose their jobs.

They have all kinds of disgraceful devices which they consider ingenious—and which are characteristically 'ethical.' If they wish to trap a practitioner, they may first send in a man as a dummy patient, and he will play his part perhaps for weeks or months. Another man may be stationed outside the office, to try to get into communication with patients as they leave. This is not hard to do, especially where the clientèle is largely composed of foreigners. A request for a match, or some similar pretence, will serve to open the conversation, and the spy will make the most of his opportunity, searching for scraps of information. If there is no dissatisfaction, the spy will put suggestions into the patient's mind or twist his words and confuse his ideas until he feels that he really has a grievance.

In one case a man secured employment with a practitioner to deal with his foreign language correspondence. When letters came in, as they will from some types of women, begging for certain operations or treatment, and the man was instructed to send an emphatic refusal, he deliberately did just the opposite. He made arrangements with a midwife in another part of the town and instructed some of the girls to go there. He swore in court that the doctor had ordered him to do this. It was merely a spy's abominable trick, supported by perjury,—but the practitioner got four years.

Sometimes the ethical inquisition will adopt another

scheme. They will write twenty letters, say, to different practitioners who advertise, and if any of the answers are foolish—occasionally they may be more than foolish—they will use them to the fullest effect, even trying to influence the editors of publications by showing them the documents, so that they may refuse the advertisements of the independent physicians. If they wrote to a hundred regulars, they would get a worse average of answers. I do not claim that some advertising practitioners are not unscrupulous, but they are proportionately more scrupulous than the ethicalists.

In one case that I know of, a stool pigeon for the post office department obtained a position in the office of a practitioner whose patients were largely aliens. The letters that the man wrote in foreign languages were assumed to be drawn up according to instructions. They were—but the instructions followed were not those of the doctor, but of the spy's official employers. Sufficient evidence can be manufactured in this way to hang any practitioner.

Sometimes a man will come to your door pretending that he represents such and such a drug house. He is in great haste and wants to sell you a bargain. If you are busy you may not make a careful examination, or if the article is cheap and the formula is good you may buy, not suspecting that substitutions have been made. A raid will follow, and the drugs—morphine or what not—be found.

Immigrant houses are a fruitful field of trouble. The bureaucrats connected with the institutions are always ready to start mischief, and this is not difficult with an ignorant alien who understands no English, or only a few words.

Blackmail must be guarded against. Suppose the practitioner is treating a case that does not turn out as he expected. The patient, perhaps prompted by some ethicalist, may try threats and extortion. With

the regular practitioner, this does not matter so much. He is shielded and protected by all the regular associations. The progressive practitioner has to face not only his would-be blackmailer, but the unrelenting opposition of the medical societies.

Prejudice is shamelessly brought into play. An old judge, perhaps, is approached because of his reactionary tendencies, and is influenced directly or through the insinuations of his family physician. Or the federal government itself may be approached, and officials without any warrant whatever may raid a doctor's office to try to get the necessary evidence. Often the practitioner's assistants may be intimidated by third-degree methods until they agree to give false testimony.

I myself have been raided, and I know what I am talking about. The men came without any warrant. I was not even allowed to telephone to my lawyer. I shrugged my shoulders and told them to go ahead. Of course, they found nothing in the slightest degree unprofessional. But they continued to investigate me for three years.

You may ask why I did not take legal action against these men. Well, I didn't for three reasons. One was that I utterly despised the men and those behind them. Another was that the whole affair did not hurt me one iota. It helped me. There were columns about it in the newspapers, and I received constant expressions of sympathy and encouragement from my patients and their friends. Resenting the unjustifiable treatment that I had received, they recommended me to everyone whom they knew. My practice increased largely.

The third reason was the waste of time and money in suing the federal government. It would have cost me perhaps $5000 or $6000—and I should probably have received nothing in return, unless I had carried the

case to court after court and overcome all the legal chicanery and obstruction that can be employed by government officials.

I may add that regular practitioners who came to see me at this time were surprised to find my office always full, while theirs were almost empty. They could not understand what seemed to them an enigma. It was no enigma, but the result of a natural law. When patients have complete confidence in you and see you unjustly attacked, they rally round you. But that does not justify in the slightest degree the methods adopted by the raiders. There can be proper regulation without persecution. The progressive practitioner does not object to the rational supervision which the profession should exercise over its members. But he objects to unfair discrimination, unfounded prejudice, baseless and underhand proceedings. The ethicalists who wish to believe nothing but evil of the progressives should remember that they themselves are certainly very far from being immaculate. If the progressives wished to expose *them*, the country would have something to talk about.

There should be a public defender in each state, as there is in California, not merely a public prosecutor. Then some of the disgraceful tricks sanctioned by so-called departments of justice would be publicly exposed, and their repetition in many cases prevented.

If the money wasted on wilful persecution were invested in educational publicity, the whole country, and not the medical profession alone, would benefit.

VIII

MEDICAL FEES AND FINANCE

THERE should be little need to point out again that the average medical man is a poor business man. Controlled by ethical traditions, he has ignored the simplest principles of efficiency. He has been trained to ignore them; inefficiency has been imposed upon him both by precept and by practice. He has a definite prejudice against the word 'business,' in connection with his profession. The idea of method in medicine—as there is method in banking, manufacturing, storekeeping—is not perhaps new to him; but it distresses him. He cannot reconcile it—has no desire to reconcile it—with his conception of dignity. He feels that he should be concerned solely with the science and art of healing. He does not realize that he should be equally concerned with the science and art of organization, not merely in his actual practice as a physician or surgeon, but in the adjustments which would make that practice as frictionless and effective as possible. It is not only in his scientific procedure as a medical man that he needs system: it is in the whole arrangement of his office and his practice. There must be a business side, as well as a medical side; and the efficiency of the one will determine the efficiency of the other.

Curiously enough, from a reasonable standpoint, though naturally enough from the point of view of mere prejudice, the fact that the progressive practitioner is a good business man has been used as an

accusation against him by the opponents of this sort of practice. The real offenders, of course, are the reactionaries, who have lowered the dignity and efficiency of the profession by the lack of that very method which they attribute as a fault,—as a crime,—to the progressives. If the professional status of medicine is to be raised to the level that the conservative element talks about, it must be raised by the adoption of the tenets now held by the independent practitioners, who have practised what they teach, and have tested their ideas by experience. They find publicity works!

By observing proper business principles, the practitioner is enabled to concentrate his attention almost entirely upon the practice of his profession: in other words, business may be practically eliminated by the installation of business methods. This may sound slightly paradoxical, but it is completely true. If freedom from distraction is desired by the regulars, who profess to find business so abhorrent, let them come to the progressive practitioner to receive their lesson and be shown how to fulfil their purpose. I am not speaking of any vague hypothesis, but of accomplished facts. I will outline in a little while the system that I have adopted in my own office and practice. It has proved its value in a successful operation of over twenty years; it has been tested, not in my office alone, but in the offices of hundreds who have followed in the same path; and I am convinced that it offers, in conjunction with medical publicity, the solution to the economic problem which the profession as a whole is facing.

Unfortunately, the influence of organized medicine, and the traditions which it has fostered, will continue to stand in the way of rational reform. Prejudice naturally opposes progress. When, however, conditions are intolerable and the limits of patience have been passed, essential changes must be made. It is

the vital concern of the medical profession—of the rank and file, not merely of a few leaders—that the mistakes of the past and the follies of the present should be prevented in the future, and that the means of prevention should be understood and adopted without delay. When it is both easy and profitable to use a sensible system, which will enlarge the scope of the practitioner, adding immensely to his opportunities for service and to his satisfaction in rendering that service, it is absurd that the profession should still cling to its shibboleths and phylacteries, its traditions of inertia in business matters,—and its average income of $750 per annum!

The physician as a rule is not mercenary. His impulse is to give the best that is in him to his patients, and though he does not talk unduly about alleviating human suffering and increasing human happiness, he is quite aware that he belongs to a noble profession and has a distinct sphere of usefulness. He may or may not be specially ambitious; that depends upon his temperament and the conditions of his life. The desire for fame from which eager youth is rarely exempt, may have fallen from him with advancing years and receding enthusiasm. He is content, perhaps, with the esteem of his neighbors and the routine of the daily round; or he may still be looking forward to a wider influence, and a name that men will recognize and associate with a definite achievement. But whatever may be his particular experience and philosophy of life, whatever he may wish to have or be willing to forgo, he cannot do without an income.

He may never have thought of wealth, as a merchant or banker would think of it, as the natural reward of industry, intelligence, and the judicious use of opportunities. Wealth measured on a commercial scale is entirely beyond his range of personal interest —as an accumulator, that is, and not merely as an

observer. There are very few rich men practising medicine. Have you ever heard of a practitioner who became a millionaire in the direct practice of his profession? Not one man in the 156,000 practitioners in these United States has accumulated a million dollars from the practice of the healing art. Can you imagine 156,000 lawyers with such a non-existent percentage of millionaires? Or 156,000 of the men controlling commerce and industry? Yet statistics show that while there are a few physicians who are comparatively well off financially, seven out of ten practitioners do not even earn a living. Such conditions obviously cannot be allowed to continue. The new generation, the younger men with a keener sense of values, will not go through a course of highly skilled training in order to secure the privilege of *not* earning a modest livelihood. After years of preparation and unpaid effort, after an expenditure for professional education and equipment estimated at a money value of about $10,000, the average practitioner is offered less than the wages of a casual laborer. Why?

The very nature of his work makes it essential that he should be freed from petty anxieties, from financial worries due in no way to extravagance or to a false idea of what should be a fitting return for his services. He has been entirely too long-suffering in his acceptance of unfair conditions,—too foolish, indeed, in his attitude toward the economic side of his affairs. He has not considered his position clearly and soundly and made, or attempted to make, proper adjustments.

For the physician is dependent upon his own personal exertions and skill. He cannot, like the merchant, separate himself from the source of his income without separating himself from the income also; he cannot relegate the running of his practice to another man, and still enjoy the receipts. If he becomes ill, his income ceases; when he becomes infirm or old age

overtakes him, he can no longer conduct a practice. He must provide for these contingencies. It is not enough for him merely to make a living during the days of health and activity: there must be a sufficient surplus to carry him through any period of sickness and to provide for an old age of reasonable comfort. In this, of course, the physician does not differ from many other men who have similar responsibilities to themselves and their families, but have neither inherited nor built up a business which, when they are absent, can be trusted to function properly in the hands of a manager. But the physician does differ from very many of these men in the fact that his fees are not so calculated as to insure the necessary surplus, while their incomes are more reasonably adjusted. For they live in the business world and can make business-like arrangements. The physician has lived in a curious little world of his own, from which 'business' has been rigidly excluded as unethical. That has been unfortunate: it is not, however, irremediable.

The art of the physician is peculiarly individual. It is unlike that of the singer, who can appeal to thousands at a time; or of the painter, whose picture can be viewed by tens of thousands; or of the architect, whose work stands for decades or perhaps centuries. The physician expends his skill on one individual at one time; and he must be personally present with each new individual on each new occasion. The lawyer has means for keeping his name before the public and so enlarging his practice, his income and his popularity. He can make the most of political notoriety for professional purposes. How many district attorneys and assistant district attorneys use their official positions mainly to secure publicity? But the physician is on a different footing. If he takes a vacation, for instance, he does so in a very special way at his own expense. The lawyer can choose certain seasons of the

year when the courts are not sitting and the pressure of work is comparatively light. The actor can wander where he will when the theatres are closed for the season; his salary allows for the period of inactivity. The painter, the novelist, the playwright, can work in any place at any moment: in a fishing village or the Catskills, at Palm Beach or Biarritz, Rome or Santa Barbara, Venice or Samarcand; by the Matterhorn or on Broadway. They may have refreshment through change, without the loss of any opportunity of which they wish to avail themselves. But if the physician leaves his practice, he leaves his resources. His patients cannot adapt their ailments to his occasional need for rest or relaxation; and they do not thoughtfully combine, as the congregation of a clergyman may do, to send him for a long vacation under pleasant conditions and new skies.

If he would do his duty to himself and his profession, the physician must run his practice efficiently, and so maintain his own efficiency at the highest point. It is essential that he should arrange the business side of his work on business principles, so that he may not be troubled about the results at the end of each year, nor bothered with petty financial trifles day in and day out. By eliminating such distractions from his normal life, he is free to concentrate his attention on the scientific and human side of medicine, and so enhance his value to the public through his ability to render better service. This, of course, will naturally react to his own additional advantage; for apart from the personal satisfaction of doing better work under better conditions, he will secure better returns, and his practice will continually increase through the recommendations of satisfied patients.

The 'business' methods usually in vogue to-day are hopelessly inadequate, and their consequences are abominable. With contracted incomes and elastic

expenditures, practitioners too often lose both poise and principle under the pressure of financial worry. A long train of abuses may follow, malpractice of every order, according to the degree of deterioration of the offender; and all for the sake of the additional dollars that may thus be earned. It is easy to say that such things should not happen under any circumstances whatever; but when conditions are abnormal, abnormal things are bound to happen.

Blame, if you will, any individual culprit as much as you desire. But if you have the welfare of the profession at heart, you will try to remedy the conditions and not merely condemn the offender. If the medical man collected a hundred per cent. of his bills, he might stand a good chance to conduct an honest and honorable practice; but he finds that the average amount of collections, aside from the unpaid work that he donates voluntarily, is about fifty per cent.; in some cases sixty per cent. The man who collects seventy five per cent is considered a good collector. One doctor publicly told that though his books showed earnings of over $60,000 a year, not half of this was paid. 'While my books show that I earn $60,000, I consider myself most fortunate if the year shows a net income of ten or twelve thousand dollars.' If men in other professions were regularly deprived, through default, of one half or more of the income they had earned—or, in specially favorable cases, of *only* one quarter—they would speedily take steps to protect themselves. The medical profession has not taken such steps. It must do so. The system now tolerated—if such haphazard drifting may be called a system—is altogether wrong. It must be altered.

REFORMATION OF THE FEE SYSTEM

The antiquated fee system must be reformed and

put on a proper basis. The feeling of the public with regard to a doctor's bill has been allowed to become oddly perverted. There is a too general impression that such a bill constitutes a sort of presumption, or is at any rate just a little of an imposition, rather than a commercial obligation for value undoubtedly received. A man who scrupulously meets all the other bills at his office or home, will let the doctor's account accumulate much dust—but no interest for the doctor! —before he pays it. In the meantime the physician himself is wondering and worrying as to where he is to get the money for his taxes, the month's rent, or the amount of the grocer's bill. Yet he dare not dun his patient, even if he were willing to try that unpleasant experience. He fears to offend the sensitiveness of those who too often have no consideration for him.

All this must be changed. We must get rid of the wrong idea of rendering bills instead of engaging in cash transactions. Instead of fees for each visit, we must have a reasonable total fee for each case, a certain proportion of the amount being paid at once in cash and the remainder in regular instalments.

The average medical man lives a little beyond his income—an easy error to fall into, when we consider the average medical income. And even where that income, if properly collected, might be sufficient to meet his expenses, he may make the mistake of confusing the gross with the net receipts; he may not allow for the large amount of charitable work that he must do, for philanthropic or other reasons—including self-advertisement; he may not consider clearly the expense entailed upon him through his professional life, or take into account at the right time the difficulty of collecting his bills. The profession, which should be better informed, seems to think that the physician himself is generally at fault because he does not present his bills more frequently. This may be true in some

instances, but it certainly is not the general case. The members of the profession fail to understand that they have not educated the community to pay their bills and pay them promptly. If they themselves were not to settle their accounts promptly, they know that they would not receive proper attention. A plumber or plasterer sets a definite value on his services, and expects to receive that value at a definite time. A slow or unreliable payer would find that his work was not done exactly as he desired it; yet his bills would be higher. He would be charged for the inconvenience and expense that he was causing.

Some practitioners have suggested, for their protection, a sort of black-list method. This, in my opinion, would certainly harm the profession and would be seriously resented by the community. There is no need—and there would be little toleration—for such methods. The public must be influenced by proper educational methods, and taught to understand and accept a system devised as much in their own true interests as in those of the physician.

PAYMENT IN ADVANCE

The first logical step in the reformation of the fee system is to collect first and cure afterwards; in other words, to substitute a cash for a credit basis in the practice of medicine.

This is an entirely reasonable proposition, and that part of the public which has been made acquainted with it, distinctly favors it. If you have not already realized the fact, it may perhaps be surprising to you at first to be told that most people will willingly pay for medical services before being treated; in fact, much more willingly than after the treatment is completed and the cure effected. This is based upon sound psychology; and the principle is not usually ignored

by men of intelligence. If you go to a theatre, you pay at the box office before, and not after, seeing the play. A lawyer who is expected to do his best in any case receives an adequate retainer, and no doubt finds it stimulating. For the consciousness that you are being properly paid for your services, that you will not have to wait and wonder, and finally, perhaps, lose your fee altogether, most certainly increases the power to do well. 'Hope deferred maketh the heart sick'; but realization without delay has a very different effect The whole idea is of course connected with the interesting subject of *morale*, whether in the individual, or in an army, or in a nation. If you have studied yourself, and studied others, you will not neglect to apply your knowledge of psychology to the conditions of your practice.

You have undoubtedly observed that when some dear one in a family becomes ill during the night, the members of the family cannot get to the telephone quickly enough to call you up, no matter what time it may be, and ask you to come at once. It is then that they really understand the function of the doctor and appreciate his services. Think of the anxious moments they pass waiting for you to come and wishing that doctors never slept. But when the crisis is over and the physician has stopped the suffering and quieted their alarm, and the case has reached the stage of convalescence or cure, the family immediately forget their sudden interest in medical attention. Later, when the bill comes for services rendered, it is so much like past history that they comfortably ignore it. If, however, the physician had been psychologist enough to ask for a cheque when the family were only too anxious to give it, all inconvenience and perhaps friction would have been avoided. Payment before treatment, when established as a general rule, causes no embarrassment and leads to no regrets.

Here, as in all other money transactions, business laws apply. As I have said before, in the practice of medicine there is a department of business which is controlled by the laws of the commercial world—laws which operate in their sphere of action in as positive a manner as specific drugs on the human mechanism. Whether the profession has recognized them or not, they are working out its destiny. Success depends upon their observance, and it is idle to contravene them and expect not to pay the penalty. I may add that the physician who understands and employs business methods is certain to command more respect from his patients than the man who has no system and keeps his accounts carelessly. It may appear convenient just to jot down notes on scraps of paper and avoid proper reckoning, but the scrap-of-paper theory of life is as fatal in professional as in political life.

A knowledge of how to earn a living is fairly important to those who have to live. The medical student should receive adequate training in business principles at the college where he gains his technical training. Four or five years are spent in learning the technique of operations, but not an hour in learning the principles underlying successful relations between physician and patient. The young doctor with a new diploma has been taught how to render his services, but he has not the slightest idea of how to dispose of them to proper advantage. Imperfectly instructed, imperfectly equipped for the coming struggle, he must face, while creating it, his own destiny. He begins, perhaps, to slip along the lines of least resistance. *Facilis est descensus Averni.* But the conclusion of the matter is not wholesome.

It would be well if the youthful graduate were better balanced, if to his medical knowledge he added the requisite knowledge of business principles and methods. He will have to discover a sufficiency of this wisdom,

in any event, in order to avoid failure. He will find that in regulating his practice, he must choose between becoming a slave to the business end of it, or making the business of medicine his servitor. He must exercise method,—the most effective method that he can discover. Let him remember that the investment of the physician is the time that he has given to his studies and training, with the expenses incurred during those years. A complete office must be equipped and more time spent in acquiring a practice. His monthly expenses must be met, and he must provide in due course for the comfort of his family. He must also lay aside a certain amount with which to meet the future independently. The only way to conduct a practice intelligently is to tabulate each known item of business and living expenses, add the amount decided on as necessary for annual saving, with a margin for unforeseen contingencies, and realize that the total should be provided for by your fees in not over 2,000 working hours per year. Do your work well and charge a good fee. No fair-minded person can think about the subject without recognizing the right of the physician to a normal human life. What is needed is merely sane educational work. The profession must awaken the public to a proper appreciation of the fact that the physician is entitled to his fee, and to the specification as to when it shall be paid.

In this connection there comes to my mind the story of the great surgeon Abernethy, illustrating the universal apathy of beneficiaries in the discharge of their obligations to the profession, and showing how this shrewd Scotsman could solve the problem, although he belonged to the rigid ethical school. A Scotch lord had sprained his ankle, a simple case of 'out of joint,' but it seemed to hurt him more than if he had been a commoner.

'One thousand guineas,' said Abernethy, after setting the joint by a turn of the wrist.

'Hoot, mon, I will pay no such exorbitant fee,' quoth the noble lord with a rising gorge.

'Oh, very well,' said Abernethy; and grasping the ankle and throwing it out of joint again, he prepared to depart. His lordship nearly fainted with pain and begged the surgeon to put him out of his misery.

'Two thousand guineas, in advance,' was Abernethy's laconic demand. He got them.

A New York surgeon asked $1,000 for an operation for appendicitis. The mother of the patient, after consultation with friends, offered $600. The surgeon politely protested, citing testimony of brother physicians to prove that his fee was not unusual, and finally received the remainder. The letter enclosing the cheque said: 'We do not question your ability, but we feel that you make us pay too dearly for it.'

As usual, a good deal depends upon the point of view. As another surgeon said: 'Five dollars for amputating the leg, and nine hundred and ninety-five for knowing how'; and the victim was thankful accordingly. It's not so much the doing as the knowing how; and if the patient can really afford to pay adequately for the skill placed at his service, he should be glad to do so. He is reaping the reward, probably, of a lifetime of preparation on the part of the physician. It is not merely a matter of a swiftly completed operation or a brief period of treatment. Skill, up to a certain point, is naturally cumulative. Experience tells. The larger sums of which we occasionally hear may seem rather easily earned. But are they? The fees received by famous medical men in later life will generally be found to follow many years of ill-requited toil. It was once the fashion to say that success in medicine is largely a matter of luck. It is not an uncommon remark that some physicians reach affluence

on account of their manners, that others are successful because they give the impression that they are very busy, and that a few gain a large practice because nature bestows beards upon them in their youth. These opinions may be true in part, but those who win that sort of success are not the big and the strong men in medicine. It is hard and intelligent work that makes the metropolitan practitioner really successful. He must have indomitable energy, as well as unimpeachable skill; he must have imagination, and judgment; he must be able to see things, and to do things.

So long as you are faithful to the proper standards of professional service, you are entitled to make not only a living, but as good a living as your skill, initiative and capacity for work deserve. Medicine has its obligations to the profession, and the physician should not forget what is rightfully due to him, any more than he forgets his responsibilities. His business ability will determine the amount of his fees, while his fees will determine the quality of his service; for without freedom from financial anxiety he cannot, month by month, do his scientific ability justice. The greater the measure of security, and of the satisfaction that comes from increasing scope of action and increasing opportunities to keep in touch with new developments of science, the greater will be his power for effective work. The obvious thing for him to do is to develop his business ability so that he can get such fees as will allow the very best work to be done. By setting your professional skill free, you have taken the second step along the great road to success.

COLLECTIONS

The progressive practitioner has no trouble with regard to collections. When a patient comes to him for services, he is ready to pay, and to pay well and

cheerfully. If the independent physician has been able to make the public see the justice of paying in advance, every practitioner by following his methods can do the same. It is simply a question of educating the laity, and this can be done by judicious advertising. When a patient comes to the advertising practitioner, there is no thought as to bills; the transaction is a cash one, and the cash is paid in advance. Unlike the regular practitioner, the progressive physician need never bother about the money end of his affairs, because he has arranged his practice on a business basis and knows well that it will run efficiently without waste of time and effort on his part. If the profession as a whole would learn to do the same thing and secure the same results, they would materially raise the economic status of the physician, and also his social and political status. As long, however, as the rank and file continue to imitate their leaders in bigotry, the conditions that unhappily now exist will not change. Radical measures are necessary to effect radical cures.

Men are not in the habit of doing things to-day merely because their forefathers did them. They usually prefer modern to prehistoric methods, and take their profit wisely in new inventions and discoveries. The medical profession is the only group which persists in following an antediluvian code of ethics and of business procedure. No other profession renders service without adequate payment, nor without being secured against imposition. The lawyer is sure of his fee; even if he knows the client, and the client is in good financial standing, he will get his retainer in advance. The architect, the engineer, the accountant, the dentist, the veterinarian, are never expected, as physicians so often are, to contribute their time and their skill without any compensation at all. Our patients, most of whom are in the commercial field, look upon our methods as antiquated and foolish. Why

should so many practitioners persist in remaining behind the times? We do not limit our science to the standards of the eighteenth century. Why should we limit our ethics and business transactions? We must keep pace with the general advance, if we would serve our generation and ourselves efficiently.

Contrast the business methods of the progressive practitioner with the loose, unbusiness-like methods of the conservative ethicalist. The latter makes a call and after attending the patient very probably stands fumbling, hat in hand, lingering a little in order to get his fee. If he sees no response to his polite waiting, he gently and apologetically asks whether they would object to paying him, and in a great many cases he is asked to send a bill. He does so, but receives no reply. Again he is called and visits the patient, and this time, if he is really courageous, he will request his fee, though he is likely to be asked once more to put it on the bill. And so it goes. If he does get his fee, he feels quite elated over the fact that he has actually collected money—cash, and not an excuse for cash. The same kind of thing applies to office fees. Very timidly indeed does the physician ask for his dole, and most of the time it is not forthcoming, at least not without delay and embarrassment. It is curious that the ethicalist who objects so much to 'business' can nevertheless put up with the humiliations of his own very unbusiness-like system of 'business.'

The progressive practitioner, on the other hand, manages things very differently. In my own practice, for instance, I have arranged a little waiting room next to the entrance to my house for the reception of the patients. My secretary takes the man's history and urine, and collects five dollars for an examination. Before the patient comes to me, I know quite a little about his case from this history and the urine analysis. I next receive him in my office and examine him

thoroughly. I tell him what I find and the treatment to be pursued in order to help him. I also inform him what the approximate charge will be if I undertake his case. He is now ushered back to the secretary, who already has in his possession the card bearing my diagnosis and outline of treatment, with the charge to be made. The secretary then arranges appointments and the collection of the fee. If possible a payment is made immediately to bind the arrangement, and at each subsequent visit the payments are checked up before the patient is sent in to me to be treated.

In this way I am not bothered with the details of money matters, which are attended to by my secretary. I devote all my time to examination, diagnosis and treatments. Once a fee is determined upon, the patient never speaks of money to me. If he can't pay, he talks to the secretary; if he can only pay one dollar, he gives it to him; and so on. Surely in this way I maintain medical dignity far better than do the regulars, and I challenge them to gainsay it. My patients respect me much more because I have installed business methods in my practice and because I have separated the professional from the business side.

You can do the same. If you cannot employ a private secretary for the whole day, you can surely do so for office hours only; or your wife or daughter, or perhaps some friend, could help you out at first. Deprive yourself of what may seem really important things rather than allow laxity in this part of your practice. I would go so far as to say that it would be better to forgo buying some part of an equipment, rather than to lose the advantages of a financial secretary.

The size of the fee is a matter for personal consideration. As a rule I find that people are better satisfied if they are charged just a little more than they expected. The doctor who charges $10 or $15 is usually

surer of getting the case than the practitioner who charges only one dollar, because the patient does not consider that he is getting more than he pays for. If he pays one dollar, he feels that he is getting one dollar's worth of service; while if he pays ten dollars, he believes that he is receiving ten dollars' worth of service,—and, of course, it will be your business to see that he does receive it. As for those who object, they will probably still object, however low or high your fees may be. If your service is good and you make the patient understand that you are giving him the best that is in you, you will find that no matter what you charge, within reasonable limits, your practice will grow and be profitable.

THE FLAT FEE SYSTEM

Fees should not be fixed and rigid, as is the general custom,—an office call one dollar and an outside call two dollars, no matter who the people are or what the nature of the service rendered, or how long the time taken. The charge per visit idea is quite wrong. The proper business-like principle is the flat fee arrangement for the whole case; that is to say, after a positive diagnosis has been made and it has been determined that the patient is suffering from typhoid or pneumonia or diphtheria, or what not, inform the people of your diagnosis and advise them that the treatment will take so many days or weeks, and that for such professional service you want $15, $25, $100 or so forth, according to the nature of the case, the ability of the patient to pay, and your standing in the community. This is already done in gynecological and surgical cases. Why not in others?

The idea is in no way impracticable, but is based on sound common sense. I am sure that if you take a little time to explain to the people, by advertising

or otherwise, the reason for the flat fee, they will not only pay you such a fee, but will come to you because you do charge a flat rate. The simplicity and fairness of the arrangement cause it to appeal to the public. You can show your prospective patient that if you take the case on the flat rate basis, you will feel at liberty to visit him at any hour of the day or night, without any fear that the family will suspect your motives,—as they might have done if you received a separate fee for each visit; that by arranging a flat fee it is to your interest from a financial point of view to get the patient well in as short a time as possible, the motive that prompts doctors to prolong cases of illness in order to collect a few dollars more being evidently out of the question in your case; and that, even if it should be necessary to bring in a consultant, you will pay his fee from the flat rate agreed upon. The people will feel that the physician is going to do his best if they engage his services on such a basis, and he will do his best. There is a psychological stimulus for both physician and patient.

As an economic proposition, the patient will accept the flat rate, because if the practitioner by any special attention can hasten the recovery, it will be possible to return to work so much the sooner, in this way making up for any extra charge that the fee may have seemed to impose. The family will also know positively how much the illness is going to cost them and will not be in doubt as to how many more visits they will have to pay for. They will also be secure in the belief that the patient will not be kept in bed one hour longer than is necessary.

It is essential for a patient to have confidence in his physician's ability and integrity; and it is therefore very important that any suspicion as to the motive that prompts the physician's visits should be allayed and put beyond the realm of doubt. As I contend, the

flat fee will do this; but it will do more, inasmuch as it offers a further safeguard for the patient's health. With the fee per visit system, your services may be discontinued at any time, even when they are still distinctly necessary. They will certainly be dispensed with as soon as it is considered that the patient can get along without your help. In such cases, the patients and their families of course often delude themselves, because post-chronic treatment is frequently as vital to complete recovery as is the treatment pursued during the period of acute illness. This the laity does not understand; and because of the suspicion, by no means ill-founded, that physicians do make unnecessary visits, any attempt at explanation may merely confirm the doubt already existing.

With the flat fee system this is avoided. Instead of fearing that you may make too many visits, some unnecessarily, your patients and their friends are only too glad that you should continue to make them as frequently as you care to do so. I attribute a good deal of the success that I have acquired in the practice of medicine to the fact that I do not dismiss my patient as soon as he appears to be cured, but arrange for him to call at my office at certain intervals, so that I may determine whether the pathologic condition has been entirely eliminated or not.

The flat fee is a boon to the practitioner and a boon to the patient; it is modern, up-to-date and just; and it has worked out satisfactorily in actual practice. The physician who adopts it may demand half or the whole of his fee in advance, and he will get it. If a consultant is necessary, the physician in charge, and not the consultant, will be the master of the case, for he will make all the arrangements and will pay the consultant out of his own pocket. The consultant will cease to be the rather impertinent, self-important person he is inclined to be to-day, who favors you

when he comes down, always gets the credit, and really does little but relieve the psychological tension of the anxious family,—unless he goes so far as to steal the case from you. The family physician, the general practitioner, will be in complete control, as he should be; for it is he who diagnoses and treats the patient and does all the hard work, while the consultant in the great majority of cases merely confirms your diagnosis and course of treatment. It is of course assumed that in fixing his total charge the practioner will take into account the possibility of having to call in a consultant, even mentioning that the family shall have the choice of the consultant, if they prefer.

The actual percentage that a consultant should receive will vary with individual conditions, but if he is allowed from twenty to twenty-five per cent. of the fee collected he should be satisfied, and is certainly well paid for his work.

This system of flat fees has been in vogue for many years among the specialists of the profession, although the rank and file as a body have not adopted it. The obstetrician, the surgeon, usually make a flat charge of so and so much, according always to the ability of the patient to pay; so do the rhinologist, the laryngologist, the dentist, the oculist and others. If it can be done in any of these specialties, it certainly is feasible in general practice. In what way is the term of labor any more definite or the degree of complications any more assured in a case of delivery, than is the term of illness or the nature of the complications that may arise in a case of diphtheria, typhoid or pneumonia? Naturally, when the case upon acceptance appears to be so serious that it would be inadvisable to agree to pay the specialists who may be necessary out of your flat fee, unless that fee is ample enough, the situation should be explained and proper arrangements made for eventualities.

In cases such as syphilis, requiring prolonged periods of treatment, the flat fee would be too much for the patient to agree to pay at one time. If you told him, for instance, that it would cost him $250-$350 to have the case properly cared for, he would probably leave without lingering. If, on the other hand, you explain that the treatment you expect to give him will consume quite a long time, that it will cost him, say, $50 down, and so much per month, then you are able to do something for him without frightening him away. In three months, you can show him that he is making progress and that if the treatment is continued a cure will be effected. You will be assured of your case and your fee.

I usually make such patients pay the whole fee within the first three months. Then, as they have paid their money, and naturally want to get their money's worth, they will continue to come to me and I can secure results. Otherwise, impatient at what they may consider slow progress, and not understanding the necessity for time, they might stay away and suffer the gravest consequences.

In treating seminal disorders and neurasthenic cases, you can generally do little except by months of treatment. In such cases visit-treatment is of course obsolete. You must be able to make your patients come to you and give you a fair chance to rearrange their lives and mode of living, and especially their system of thinking; and you must help them in their sexual adjustment. Only then can you do something for them; but you cannot do it without plenty of time. That is the indispensable requisite.

If you charge a man suffering from such disorders an office fee of $2-$5, you may be sure that though he may come once or twice, in a little while he will tire and drift away. But if you can make a flat fee for three or six months for him, you can do him some real

good, because with time at your disposal you can give him psychic treatment, electric treatment, placebos and tonic remedies, and so forth. Without ample time, treatment in these cases must of course be futile. The longer you can keep the patient coming to your office, the better for him. You have a right to take that into account in making your charge. You have the right, indeed, to charge whatever you please; for every professional man is the sole judge of the value of his services, and the sole fixer of the price.

The flat fee system has another advantage with such patients as those last referred to, because of their obsession that they are incurable. The very thought that you have taken them for a certain period of time will often give them the idea that they may be cured, and naturally they may be. Still another advantage is that you can tell the patient to come in whenever he likes, whenever he feels badly: the doors are always open to him.

By this flat fee method, the average amount per visit, including medicine, electric treatment and everything required, is less than your regular fee; but if you have a large practice, such cases nevertheless pay. If, on the other hand, the neurasthenics do not continue treatment, but for some reason stop coming, you are at least assured of pay for your trouble, and you are entitled to it, as you have done all you could to give the patients relief and induce them to help themselves and so get well.

These in general are the methods I use, and while I confine myself almost exclusively to office practice, I still apply the principles outlined above. Obviously, in simple cases demanding only temporary treatment, there is no need for any arrangement as to a flat rate: it is a matter of a simple visit or so, and an appropriate charge. But in all other cases the flat fee principle should be adhered to.

THE FLEXIBLE FEE

Through the flat fee system, you can adjust your fees so that people of limited means may obtain your scientific treatment. For instance, in my own case, because of the large practice I have secured by carrying out the ideas referred to in this book, I have arrangements for treating fifteen to twenty patients at once. The specialist who has no better equipment than I charges from $10 to $25 as an office fee. I would rather have ten patients at $3 each than one at $10. God made more of the $3 variety than of the others, and they must be taken care of. My system is to tell the patient that the treatment will take so many weeks or months, and that the average cost of each visit will be about $3. In this way the patient receives more for his money than he does in the office of the ethical specialist, while I get enough patients to keep me busy and so make my practice pay.

And why should not the fee be flexible? If a man goes to the theatre, the opera, a concert, or even to the moving picture, he pays according to his means, although the play presented or the picture shown is the same whether he sits in the orchestra or the gallery. A man may pay $5 to hear an opera, or $500 for a box. This principle should apply to the work of the physician no less than to that of the artist. His standard of service should be paid for according to the ability of the man who desires to avail himself of it.

With a fixed rate, it is impossible to charge Jones, a poor working-man suffering, say, from gonorrhœa, a sum as low as $2 per visit, while you charge Smith, who is wealthy, $10. With the flat fee arrangement, however, you can easily adjust inequalities, telling Jones that the full treatment will cost him $25, and Smith that your charge for his case will be $200. If any question should arise as to the difference in

rates, you can quietly explain that you charge according to the nature of the case and the position of the patient.

In arranging flexible fees in contradistinction to standard, fixed fees, I have often been asked how I can judge the financial position of my patient, how I can find out whether he is a poor man or a rich man. That might seem to be a comparatively easy matter, but because of the unsavory reputation gained by advertising physicians of the old school, the quacks who sold panaceas and nostrums, and because of the innuendoes of the ethical conservatives with regard to the present straightforward, progressive practitioner, the patients who come to us are sometimes very wary as to their financial status. The great majority—eighty per cent. of them—are honest and truthful: but there have been many cases where patients have come to me dressed in the shabbiest kind of clothes in order to deceive me as to their financial position. A society surgeon can consult Dun or Bradstreet. In dealing with a different type of patient, in estimating the unknown, the stranger who cannot be classified, it is necessary to rely on other means of information.

It is a matter, then, of deduction and practice to determine whether a man is poor, or is able to pay, and should pay, a large fee. I have made mistakes in judging the pecuniary standing of my patients, and you also will make mistakes: but in the majority of cases the language the patient uses, the refinement of his manners, his culture and habits will in a general way lead you to judge pretty correctly what your charge should be. There are many little methods of checking up your diagnosis of the monetary position, but this means constant study of detail; the physician —or rather his secretary—must be in his way a Sherlock Holmes. The secretary might, for instance, observe the quality of the shoes, where the hat was

bought, the label on the inside of the coat; or he may bring out the social status by informal conversations relative to recreation, whether the patient goes to the opera or the moving pictures, what part of the town he lives in, what his occupation is, and so on. Everything combined will give you your financial diagnosis, just as careful observation of a train of symptoms will give you the pathological diagnosis. And precisely as you become adept at physical diagnosis through study and experience, so by practice you and your secretary will become expert in financial diagnosis.

For example, if a man came to you and told you he was a working-man, you might ask him: 'Do you sit at your work or stand?' If he says that he sits all the time, you can determine when you examine him whether he has been telling the truth. If he tells you he stands, you ask him: 'Do you stand in one place or do you walk around?' If he says that he walks about, you conclude that he may be a salesman, a foreman or a boss. Then you question him further: 'Are you worried much at your place of business? Does the work involve much brain strain?' If it does, you know that he is either a foreman or the boss. Then you ask: 'Do you stay indoors all day, or do you get out into the air when you want to?' If he goes out, you conclude that he is the boss and make your charge accordingly.

This is just an example of the methods that may be pursued in arriving at the amount of a fair fee. The practitioner of to-day and of the future must be more of a psychologist than he has been in the past, and he will find when he has acquired an understanding of the subject that if he has been practising without a true comprehension of human psychology, he has been laboring under a handicap just as great in its way as the disadvantage of those who preceded Lister in the practice of surgery. If it be asked, Is this mercenary?, the answer is, No: it is just practical

business,—the exercise of essential common sense, without which there can be no systematic efficiency. The Mayo Bros. do it, in their own way, because they understand both sides of their profession—the business as well as the scientific side. There is no reason why the average practitioner should be perpetually giving, without receiving in fair proportion,—from those at least who can afford to pay.

Dr. William Rittenhouse, of Chicago, gives some excellent advice on the fixing of an equitable fee ('Clinical Medicine,' July, 1918). He says: "In fixing a fee, there are several elements that enter into the question. Among these we may mention the following: 1. The skill required; 2. The time consumed; 3. The difficulty of manual or instrumental manipulation; 4. The value to the patient of the service rendered; 5. The disagreeableness of some operations; 6. Expecting the rich to make up to some extent for the services rendered to the poor." He further on observes that the value to the patient of the services performed should properly be the chief element in determining the amount of the fee. I would add, however, that the financial ability of the patient must precede all other considerations, because if the fee is beyond his means, he will be utterly discouraged from seeking needed treatment.

The conventional fee schedule, restricted and inflexible, is unsuited to the times and should be replaced by the system of fixing fair charges according to the financial position of the patient and the character of the service rendered. It is wrong to expect the same fee from the poor man, the middle class and the rich man; and it is equally wrong for you to accept inadequate compensation for your services. You cannot do justice to your patient and your profession unless you at the same time do justice to yourself. If the maintenance of your office, with your personal expenses and the support of your family, requires every cent

that you can get from your practice, and if after twenty, twenty-five or thirty years of work you have no reserve funds with which to meet the future, you have been a very obvious failure as a member of society. But if you supplement your professional training with suitable business training and conduct your office and practice on reasonable lines, allowing yourself time for study, recreation and observation, you will be from every point of view a better physician, just as you will be a better citizen. You will be living a larger life and will be able to bring your full powers into effective action.

CO-OPERATIVE METHODS

A phase of the fee situation which has been overlooked by the medical profession is the neglect of any adequate provision for patients of moderate means. We have so regulated our system that treatment of the sick is either well paid for, or not paid for at all: it has been made a luxury for one class of people, the rich, while it has been pauperized for the poor. The people of only moderate means have been left out of account almost entirely. In making this statement, I am discounting the practitioner who charges a very reasonable fee, but whose work is not satisfactory. The people of whom I am thinking,—those who have little margin between income and careful expenditure, —do not want bad work even at a low price; but they cannot afford to pay the prevalent charges for good medical service, and they are too proud to accept charitable treatment. They surely deserve greater consideration than they have so far received.

As I have already pointed out, the man of this class must choose between paying ten dollars or ten cents, or perhaps twenty-five dollars or twenty-five cents, for good service. He could on the other hand go to the

man around the corner and get medical treatment for two dollars; but this would not satisfy him, because he naturally wants good service—the best that he can obtain. Perplexing as the problem appears at first glance, there is a solution to it which can be easily worked out. This is the establishment of the Medical Service Groups which I explained in detail in Chapter V. A very reasonable fee would be charged in these institutions, instead of the specialist's regular fee, so that the people of distinctly moderate means would be able to receive expert medical attention without pauperizing either themselves or the profession.

There can be no doubt that medicine is bound to reach the level where a group will be employed instead of a single individual. In the routine of examinations conducted by many of the best surgeons, the reports of the aurist, the oculist, the internist, the dentist and all the other specialists are correlated before a diagnosis is given. Some hospitals have recently put this plan into effect as far as diagnosis goes and for a fee of $5 they will give a co-ordinate diagnosis by the specialists of the staff. The extension of this plan to include not only diagnosis but treatment would mark a high point in the practice of medicine: it would give the people the best medical service possible for a fee that they could afford to pay, and would help to do away with the constant begging graft for more and more contributions to hospitals and dispensaries.

Another suggestion is that a Medical Community Clearing House, or Fund, should be established. This means that every community should maintain a fund for use in cases of emergency, where a patient needs attention and has not at the time the money with which to pay for it. The advance would of course be repaid subsequently, if necessary on the instalment plan. In this way the patient could maintain his self-respect, even if temporarily embarrassed financially,

while the practitioner would not be deprived of his fee. Everyone in the community would derive benefit from such a method of dealing with a difficulty of constant occurrence. We have provided for the unfortunate sick who are in the hospitals, but we have not provided for the unfortunate sick who are not in the hospitals. The error lies in our efforts to institutionalize everything that we can, leaving the private patient and the private physician entirely out of the reckoning. A community fund for medical service, able to make temporary loans without charging interest, would supply a much-needed want.

While speaking of the question of fees, and especially of nominal or reduced fees, it is interesting to recall that the Woolworth and Metropolitan buildings, two of the largest in the world, were built up on a ten cent basis. This certainly illustrates what it is possible to do with small sums and clear, forceful ideas.

I have already dealt, in the chapter on hospital abuses, with the principle that hospitals and dispensaries should pay for the medical service rendered by the members of the staff. The question as to whether a practitioner should be compelled to donate his services to charitable institutions must be settled by concerted counsel and action; but the question as to whether a good medical man can make his charges sufficiently low for the poorer classes to receive the benefit of his skill and service, while he still obtains adequate compensation, can be settled individually in another way. If, for instance, a physician could get on his books five hundred families who would pay him a dollar a month during the entire year, or at the rate of $12 per annum for medical insurance, he would be assured of an income of $6,000 a year; and if he were a wise physician, as it is presumed he would be, he could arrange for periodic examinations and prophylactic treatment, by means of which he could keep his patients in good

health all the year round. In this way he would be a boon to any community in which he established such a practice; he would be practising medicine in the truest sense of the word, and he would save himself the labor and his patients the suffering involved in the illness that might develop without his precautions. Personally, he would receive a regular and reputable income, and in addition would enjoy the leisure that every medical man needs for recreational purposes and for advanced studies.

It may be said that the mere collection of the fees from several hundreds of such patients, the detail work in attending to lapses and securing new patients to replace those who have dropped out, would involve a great deal of time—more time than the doctor could afford to spare. I have already emphasized the absolute necessity of a financial secretary to deal with all monetary matters. But I do not think that the business details in a practice like this are in any way so irksome as some critics have believed. With a sufficient number of clients on the books, the process of replacing defaulters becomes automatic. The patients themselves, through their influence on relatives, friends and acquaintances, are continually filling any vacancies.

Specialists also might adopt the idea of the lower fee and larger number of patients. Some of them have already done so. For example, Dr. W., of Washington, D. C., a pediatrist of note, arranges a flat yearly rate of $25 up for the care of children during the year. The children are brought to him once every month for examination: his records consequently show whether the child is gaining in weight, its susceptibility to certain alimentary disorders, anemias, etc., and the diets that have been prescribed. In this way he secures the happiness of the child, the relief of the parents from worry and anxiety, and a goodly income for him-

self. In the community where he lives his services are in such demand that he is forced to increase his rates every year, to prevent himself from being hopelessly overworked; but those who have experienced the value of his services would not part with them, whatever, within reason, the charge might be. The benefit that he is rendering the individuals themselves is tremendous, though it is slight when compared with the benefits that he is rendering to posterity. The cases of illness that he is called upon to attend, and there will always be cases of illness no matter how much skill and care is put into one's efforts, are nevertheless negligible compared with the number he had to attend before he installed his system of prophylactic treatment.

This kind of thing has not been the tradition of the profession: but there is no reason why it should not succeed, and every reason why it should.

I think most of us are agreed that medicine is in its essentials, and when carried out to its highest degree of development, a science which aims at the prevention of disease rather than the cure of pathological conditions. Yet prophylaxis in dentistry seems to be quite in advance of prophylaxis in medicine, much as we should be ashamed to have to admit the fact. The dentists have been very active in educational work, through advertising in the lay press, through public lectures, talks in schools, and various other means. They have installed in many offices a system by which they will examine the oral condition of their patients four times a year at an annual charge of $5. The popularity of prophylaxis in dentistry can be readily ascertained by inquiry among the members of that profession. Many dentists, indeed, practise nothing but prophylaxis.

The medical profession should move with the times and not be content to drift. It should use approved

modern methods for approved modern purposes. Unfortunately, we have the severely orthodox, like the poor, always with us; and it is difficult for them to accept new ideas. They can find comfort only in the conventional, and believe sincerely that whatsoever is more than this cometh of evil. It is difficult for many of us to understand the almost appalling rigidity of some minds. Still, evolution goes quietly forward, in spite of the interesting fact that here and there a man may try to walk backward.

I believe that the great majority of physicians, though they have been prejudiced by their ethical training, will none the less try increasingly to meet the problems of the profession with an open mind. So far they have done little or nothing to remedy the conditions that insure stagnation. They had had—or, at least, they have shown—no foresight in economic and social affairs. Their gatherings have been marked by no illuminating programme or purpose. Such talking as they have done has been technical or trivial. So far from leading, as they should have led, in the vital reforms and readjustments of the age, they have not even been receptive to the influences around them. The much-invoked Time Spirit, which to some is an inspiration, and to others an annoyance, has been for them merely an empty phrase. They have had no constructive ideas, no plan, no effective will-to-action. Their organization, through which they should have been able to express themselves, has on the contrary been merely repressive. It has been left to the independent, progressive practitioner alone to bring the profession into proper relations with the public.

But, as I have said, I believe firmly that the policy of inaction is bound before long to come to an end. There will be socialization sooner or later, no doubt. In the meantime the average practitioner will grow more and more progressive, and less and less inclined

to submit to the intolerance of the uncompromising conservative. For his own sake and the sake of the profession he must test the ideas that are offered to him, and no longer reject them without examination. The whole circumstances of his training should have fitted him to be essentially a leader. They have not done so yet. He must recognize this and resolve that whatever is wrong in his environment shall be eliminated. He will discard prejudice, which is an unfortunate failing in a man from whom a high degree of scientific attainment is expected. He will see the importance of the economic question, not only in its bearing upon himself individually, but in its relation to the whole future activities of the profession when it is competently organized for the work it should be doing. He will learn to move toward larger ends in larger ways than have been familiar to him in the past.

He may for the moment not see quite clearly that a simple method of arranging fees and collecting bills may produce important and far-reaching results. Yet reflection will surely show him that the solving of the economic problem is of the highest consequence and is the indispensable condition of progressive development in the future. I have explained in this chapter not merely how that problem may or might be solved, but how it actually has been solved; and I am sure that those who too lightly condemned principles which they did not thoroughly understand, will approve and adopt them after fuller examination and comprehension.

IX

MEDICAL PRACTICE

I SHALL of course not attempt to consider the innumerable details connected with the actual treatment of patients. That would be distinctly superfluous in a book of this character, which is concerned with the reorganization and development of the profession economically, socially and generally, rather than with the purely scientific medical side. Yet we are all more or less interested in the experiences of others, and I may therefore touch briefly upon certain points of practice which seem important in their bearing upon the different methods of the progressive and the ethical practitioner. Some of these points may appear sufficiently obvious to many of my readers, but it is the neglect of the obvious which often leads to conspicuous failure.

Every practitioner knows the importance of receiving patients properly; he understands the courtesy that is due to them, the necessity for personal cleanliness and neatness on his part,—I use simple but significant words. He knows that his office also should be clean and tidy, that his reception room should be cheerful, that his furniture and fittings should be appropriate and not intrusive. But does he take the trouble to think out quietly just what is implied in these elementary truths? Has he ever reflected upon the mere junk, to use another simple but expressive word, which he too often has the habit of collecting, and which in its turn has naturally the habit of col-

lecting dust? Has he considered, with the idea of taking a hint if necessary, the orderly arrangement of most banks, of many business houses and dentists' and lawyers' offices? Has he tried to develop for himself the possibilities of some little distinctive idea? Take flowers, for instance. Has he realized what can be done with them in neighborhoods where the atmosphere is not entirely gracious? He might read again Bacon's essay 'Of Gardens' and try to translate the famous line, 'God Almighty first planted a garden,' into some new form of beauty, of freshness, in a place perhaps more associated with dreary tenements than with 'flower-de-luces, and lilies of all natures, rosemary flowers, the tulip, the double peony, the pale daffodil.' He may not be able to have an actual garden, spacious or in miniature; but he can have flowers, and all that flowers can convey. A house that seems bare and forbidding from the outside,—a house that a patient might hesitate to enter—can be transformed by a few window boxes and a little care.

One principle which every physician certainly does know, but which is unfortunately not always observed, is the absolute maintenance of the sanctity of womanhood. It seems incredible that it should be necessary—as, unfortunately, it is most necessary—to protest against the prevalence not merely of carelessness, but of positive indecency and immorality, under the cloak of reputable medical practice. The relation between a doctor and his women patients is naturally a very intimate one. It is an abominable thing that the confidence so engendered should be abused and that the noblest profession in the world should ever adopt the standards of the 'oldest profession in the world.' This is not a question merely of an occasional black sheep: all professions have their troubles in that way, and the religious world itself is not exempt. But the traditions of the medical world should be supremely high: the

greater the opportunity, the greater should be the strength. Unfortunately, many practitioners are extremely lax. They are willing to turn a consulting room into a brothel. Well, they will have their reward, at least, in the inevitable deterioration of their practices; and they may have the privilege at any time of appearing in a criminal court. Consequences come home to the most inconsequent. It is a pity that our younger men, just entering the profession, cannot be imbued with a spirit that would not tolerate any lowering of personal or professional dignity. Theological students are not left to rely upon their own intentions, high as those may be. They are continually given wise counsel and clear admonition, with regard to this sexual question which will confront them throughout their lives. Cleanness in thought and deed might well be a point of honor, and not of abstract morals only, with medical students also, and the whole medical profession. *Esprit de corps* can have more than a casual significance.

I do not claim here any peculiar righteousness on the part of the progressive practitioner, as compared with the ethicalist. He is just as liable as anybody else to the faults common to mankind, medical or otherwise. But I do claim, for I have realized it very clearly, that whatever his personal tendencies toward moral laxity may or may not have been, he is a 'straight' man morally in his profession because he is an infinitely better business man. He does not run his practice on the principle—the absence of principle, rather—of the chance and the mood and the whim of the moment. He has arranged it on a definite and sound basis, with the business and scientific sides co-ordinated to insure the maximum of efficiency. He is not going to allow an aberration to interfere with a system which he has so carefully established. An impulse might urge him to violate the moral law or the code of decency; but

such an impulse could scarcely lead him to violate the law of efficiency. For it has become his habit to observe that law. He understands the psychology of dress, manner and personal cleanliness. He does not make friends, except in a strictly professional sense, with any woman patient who comes into his office. He keeps his mind and conscience clear, and his equipment up to date. His office, like that of the banker or broker, is open for business only, and not for any eccentricities which will interfere with business. It is true that his business is not only to earn a living, but to do good to a large number of patients. As a matter of business, if for no other reason, he would not sacrifice his practice or his self-respect to a temporary sensual inclination.

PHYSICAL AND PSYCHIC TREATMENT

I will assume now that the environment prepared for the patient is wholesome and cheerful; that the practitioner has taken pains to have a suitable waiting room and office, simple and dustless, but certainly not depressing; that he has the right attitude toward himself and those who may come to him; that he has arranged the business side of his practice on rational lines, with a card system, a follow-up system, etc., so that he is free from petty worries and distracting details, and can concentrate his attention upon the scientific and human side.

In the first place, of course, he will examine the patient thoroughly. Here, although it may seem superfluous for me to do so, I wish to stress the necessity for regular and careful examination. There are many practitioners who will not take the time or the trouble to convince their patients of the benefits to be derived from such a procedure. The fact that the patient feels well is no indication of his real physical condition; but

he may not know this. The physician, who does know it, should be able to educate the patient gradually without patronizing him. He might point out that no one would allow his automobile to run day after day without having it examined periodically, to see whether the engine was properly lubricated, whether certain parts were or were not wearing out, whether any adjustments were needed. The mere tightening of a nut —the work of a moment—might make all the difference between safety and a serious accident. He might point out that a physical examination frequently discloses facts quite unexpected even by the physician himself from the appearance of the patient. Many people are sadly surprised when they apply to a life insurance company, and are rejected. They have left themselves in utter ignorance of vital conditions.

Take, for instance, the case of Frank Gotch, the wrestler. Gotch, probably the finest example of physical manhood the American athletic world has ever known, fell a victim to an insidious but unsuspected disease. He never dreamed that his body was slowly but surely disintegrating. He was so powerful, so intensely alive, so full of vigor and apparent health, that he seemed physically perfect until the day he was stricken down, in the height, outwardly, of his magnificent manhood. Gotch is a notable example because he was physically so fine: a clean-limbed, clean-living, clean-minded athlete, spending most of his time in the open air on his big Iowa farm. One would have thought that he would be the last man to fall a victim to such a destructive disease. Yet he is dead and buried, though he might have lived for another score or more of years if he had been taken in hand sooner. Regular examinations would of course have revealed the trouble, and the proper treatment could have been applied before it was altogether too late.

This duty of periodic examination—for it is un-

doubtedly a duty on the part both of the practitioner and the patient—has been too often neglected to the detriment of both. Yet it is a comparatively easy matter to make the public see the value, the necessity, of such examinations. They would not think of running their business without keeping some account, without getting at least a yearly balance to show how they stand, and whether they are gaining or losing. In every commercial house conducted on ordinary modern principles of efficiency, there is a regular time for stock taking, which is done carefully and completely. Without it, the concern would soon be in a state of chaos.

To quote from a statement of the Life Extension Institute, each individual has a physical equipment of far greater value than that of any business establishment. Yet few persons think of taking stock of the machinery of life. This is almost ludicrous in spite of its serious import. The physician must drive home the necessity for such a survey of physical condition and resources—a regular survey, thoroughly made and carefully studied, with all the lessons that may be drawn from it. And the practitioner himself should certainly undergo a similar examination. Too many doctors allow themselves to drift along until they find themselves bankrupt in health. They must practise what they have to teach. The profession stands for health, and its members should be living advertisements of that fact. So should their families.

Last year I went for a little vacation to Asbury Park. I saw in the hotel a medical man in a wheel chair—one of the kindliest men I ever knew. For ten years he had struggled under the strict discipline of puritanical ethics. Then he developed a fine practice; but within the next ten years he worked himself out. It was a sad and curious illustration of a common occurrence in the medical profession; the practitioner

is either starving, or is overworked, with the result of a nervous breakdown. But there seems a strange inconsistency in the whole thing. The physician who is supposed to take care of others' bodies neglects his own, and pays the inevitable penalty. I believe in living what I preach. I sleep out of doors, take proper exercise, indulge in no smoking, drinking, etc., but I do indulge in rational recreation and try to widen my interests, rather than allow them to contract. And I believe in periodical examinations for myself, as well as for my patients.

So far as the public is concerned, a little more educational work is all that is needed; and this should not be left merely to the individual physician. There should be organized effort, directed in various ways to the best advantage. The people should not be approached suddenly, and as if they were going to be overwhelmed by an aggressive assertion of authority and professional intelligence; but they should be influenced by continuing and progressive measures, planned to reach every community and to appeal to different ages and interests. As a brief example: the meaning and marvels of psycho-analysis could be explained in such a way that the attention of young and old would be gripped. An organizing committee could take in hand the work of preparation for publicity, as it is undertaken by such a body as the Christian Scientists, with their wonderfully effective methods of reaching every section of the country and every class of the people.

Some practitioners are rather easily satisfied with superficial work. An examination is not a mere form: it should be thorough and should include not only urine analysis and blood tests, but all laboratory tests and X-Ray, etc. But the physical examination is simple compared with the examination of the psyche

of the patient, though this is a service the importance of which is only just beginning to be recognized by the ethical practitioner. It has for some time, however, been appreciated by the progressive practitioner. A little application on the part of medical men who have neglected this side of an examination, and a common sense method of treating psychic disorders, would have far-reaching results.

The importance of having confidence in oneself and inspiring it in others may be mentioned here. The positive attitude, not the negative, should be habitual. The progressive practitioner avoids hesitancy in speech or action. The manner of the physician, if not his words, should make the patient feel that there is a favorable answer to his spoken or unspoken question, Can you cure me? The mental agitation which is such an auxiliary to illness and such a hindrance to recovery will respond to your personality. If you have said, Yes, I can cure you, the principal qualification which may have to be made is that the patient himself must faithfully carry out his share of the programme. Since his acquiescence is practically assured by his gratitude for the confidence you have conveyed, recovery or relief may speedily be brought about.

Another thing I bear in mind is that patients need personal attention. The ego, however humble it may seem to be, must be recognized and not ignored. Never fall into the habit of considering that you are treating just a case of so and so. You are doing a very different thing. You are dealing with Mr. or Mrs. or Miss So and So, who is suffering from a certain ailment. The physician should take all the time that is necessary when in the presence of the patient, and should not hurry him out of his office so as to be able to receive the next patient. Nothing is more important than the patient who is in the office at the time. On no account imitate the busy physician who rushes in

late for his appointments, has an office filled with people who have been waiting for some time, exudes an atmosphere of haste and urgency, and examines his patients while buttoning his coat in readiness to leave for some more calls. Be a man such as this as busy as he may, it is merely a matter of time, and probably not of a long time, before he ruins his complete practice, because his patients are bound to become dissatisfied and leave him.

After a diagnosis has been arrived at, a course of treatment would naturally be outlined, and it is important to remember that just as there is psychic and physical examination, so there will be psychic and physical treatment—not, of course, rigidly divided, but one supplementing the other. In cases of neurotics of all characters,—and who is not neurotic to some degree?—I find it necessary to rearrange the mode of the patient's life, his manner of thought, his conceptions and ideas, even perhaps to reconstruct his very soul, before I can bring out a condition in which he will be really amenable to physical treatment. The latter, without mental co-operation, would be of practically no value in such cases.

The physical treatment that I employ is of two kinds, manipulative and medicinal. Under manipulative I include osteopathy, chiropractic, vibration and massage. But electricity is the thing: it is a true energizer. Most scientists now agree that energy and matter are essentially the same: but physicians are only slowly awakening to the realization that in electricity they have an agent for good whose extraordinary possibilities have been by no means fully understood, and even now are only imperfectly appreciated. The high frequency, the static, the Ouidin, the ionization, the d'Arsonval, sinusoidal and X-ray currents are the very valuable means for treatment and relief that every physician should have on hand for instant use.

Manipulative treatment is increasing in popularity every year, both with the profession and the lay public. It may be readily discovered that a patient will show much better results if the physician will give him a spoonful of medicine in his office, than if the same spoonful of medicine were taken at home. This little fact, with its large implications, should bring home to the practitioner the great psychic importance of personal, manipulative treatment.

Whether massage or adjustment or manipulation actually corrects malfunctioning by direct action on the part itself, by reflex action on the vaso-motor system, or by psychic influence, matters little since clinically the desired results are achieved. Even if the claim of the conservatives were admitted, that such treatment is only palliative and that its effects wear off while the original disturbance becomes again apparent, it would not affect my contention that manipulative treatment is a requisite of medical routine. If the relief from pain be temporary only, full advantage may be taken of the respite so secured, and other measures may be employed to make further progress and perhaps obtain a complete recovery under the quieter nervous conditions. It will scarcely be contended that it is not right to relieve our patients of pain or discomfort, merely because the relief may not be permanent unless other steps are also taken. For instance, if a man suffering from lumbago comes into your office and through manipulative treatment you can relieve the pain, either by massage, spinal adjustment, electricity, or even the mere laying of hands on the affected part, is there any reason under the sun why you should not do so, if you can then proceed by drug administration to make the cure permanent?

I have heard patients say that none of the physicians they had visited ever gave them and probably never could give them permanent relief; but the prac-

titioner employing manipulative treatment at least gives them temporary relief, which is far better than no relief at all. Of course, we know that the physician sells services, not cures: but the people want cures—at least, the idea of a cure—whether permanent or temporary. The physician must do the best that he can, under the conditions that he has to face; and he must continually adapt his treatment to the mentality of his patient. He can always strive for a cure, however impossible it may seem; and in this way he can give invaluable hope and confidence to the patient, perhaps with astonishing results in the end.

Nothing that I know of will give the patient more genuine content and nothing will help the young practitioner to increase his practice more satisfactorily than will the adoption of manipulative treatment, either manual, electrical or thermal, with the use of light rays and the use of water. The patients feel that you are doing something for them and that your interest does not stop as soon as you have diagnosed the case, but is continued until treatment and cure are effected. From the economic standpoint also it must be realized that your fee is going to be larger where your work is more extensive and more thorough, so that you are financially better off, as the patient is physically and psychically better off. If you just diagnosed the case and prescribed some remedy, your fee might be $3 or $5; but if you carry out the treatment yourself, your fee may be $25 or $50, and the treatment and the results are worth that to the patient. In this, as in everything else, common sense is profitable to all concerned.

One of the great troubles of the so-called regular profession has been the prescription habit. They have preferred to give prescriptions instead of real service—personal service. This is merely another instance of the inclination to choose the easiest way,—

the easiest in the beginning, perhaps, but the costliest in the end. The progressive practitioner is just as scientific as the ethicalist, but more practical. He does not as a rule give prescriptions. He himself is the prescription. He may furnish medicines when required, but he keeps each stage of his treatment as far as possible under his own control. He not only wishes to have things done; he sees that they actually are done, and done to his satisfaction in his establishment. He is not afraid of additional trouble, if he can secure better results. He begins, continues and concludes the treatment. In one of the offices that I know in New York,—one enjoying an enviable patronage,—it is a fixed practice that all patients with certain ailments must have their colons properly flushed in the office itself. The physician who has taken this precaution has observed the nature of individuals and has come to the conclusion that most patients do not follow out the instructions given to them with regard to colon cleansing. He has therefore instituted the new practice, which no doubt involves some inconvenience, but which gives him results in the treatment of gastro-intestinal disturbances enjoyed by few others. Similarly, two women physicians in my neighborhood make a practice of administering a vaginal or uterine douche in their own office. They do not leave the matter to the patient's discretion—or indiscretion.

The day when the function of the physician was merely to give advice and prescriptions has passed and the present era marks the change to a better system; to treatment which can be supervised effectively, and to helpfulness not restricted to a single brief visit and not doled out to an exact dollar measure.

PROGRESSIVE PROCEDURE COMPARED WITH ETHICAL

What is the procedure of the progressive practi-

tioner compared with that of the ethicalist? A patient comes in, say, with gonorrhœa. The regular practitioner will probably give him a prescription for a mixture and injection, with a little advice. He may collect an office fee, or he may not. The patient goes away. What happens? If the prescription has done any good, it may be handed round indiscriminately to Tom, Dick and Harry, acquaintances of the man who first received it. That is the end of the case, so far as the practitioner is concerned. He gets two or five dollars, perhaps, for one or two visits; and then he sees no more of his patient. The doctor and the patient both lose.

If the prescription seems to do no good, the man generally goes to another doctor, thinking that the fault lay with the first one. But if the prescription is appreciated and then passed around from one friend to another, you can readily see what will happen. Suppose the injection is a little stronger than it should be for a particular case, sooner or later some man who uses it unnecessarily or too frequently will find himself with stricture, or orchitis, or prostatitis.

What does the progressive practitioner do? Well, he charges a flat fee—$10 to $100—and gets a retainer—$5 to $25—paid in advance. He gives the patient no medicine, or at least very little, to take away with him. Instead, he gives him daily treatment in the office, under his own personal supervision. On the average, he will get good results; the majority of patients will stick to him and pay his fee. At one visit, you cannot get proper control of these flighty young men, with their habits of diet, drinking, and so on; but by persistence you can teach them to understand and do what you want. And even if one of them loses patience—this is bound to happen occasionally—and goes elsewhere, you have already your proper portion of the fee that was fixed. In every in-

stance, this system is better both for the practitioner and the public.

Let us see what is the procedure in the case, say, of a soft chancre. The ethical doctor generally gives the patient a powder, some tonic or cathartic, or what not, and lets him go. If the powder does good, the patient does not return, the chancre heals, and all that the practitioner gets out of the case is the small fee for the one visit. Sometimes, instead of coming again to the doctor, as he was told to do, the patient stays away until he thinks he has had time to see the full effects of the powder. Complications develop. The patient suffers and the physician is blamed.

The progressive practitioner acts differently. He tells the patient that treatment will cost him $10, $25, $50, $75, as the case may be. He will not give him powders or medicine to use at home, or, at least, he will not give him a prescription. What he does give is personal attention in the office day by day, with proper treatment based on full knowledge of any developments. Which is better for the patient—the method of the 'regular' practitioner, or the method of the progressive practitioner?

What is the procedure in a case of onanism, which certainly requires more than perfunctory treatment? The old school practitioner tells the patient that nothing is really the matter; but, of course, 'Don't do it again, my boy.' He may or may not give him a prescription, and then let him go home. In nine out of ten cases, the young man will forget in a week what the doctor has told him, and get the habit back again.

In my own practice, I would say: 'My boy, you have to come to see me for six weeks'—(or six months or even a year, according to the severity of the case). I keep him under my influence, restoring his self-control and will-power; and I get infinitely better results.

Such patients need the personal touch, but not the

scolding or preaching too familiar with the family physician. When they do not find what they are looking for in their doctor, they go to the cults, etc. They need mental more than medical enlightenment. I have had some boys under observation for years. Apart from anything else, the mere fact that they felt they must report to me—and tell me the truth—helped very distinctly to keep them straight. Then, in addition to using personal and educational influence, I build up the system by tonic, electric and other treatment. Often such patients of mine have become highly successful business men, whereas at first they were just equivalent to 'dope-fiends' or sexual 'fiends.'

These cases, and similar ones which may come under the general heading of neurasthenia, require not so much the use of drugs as the understanding and application of psychology, and the knowledge and ability to aid nature in bringing about the desired effects. Medicines, electric treatment and tonics are employed mainly as placebos or at best palliative remedies, the permanent effect being secured by the patient himself, more or less unconsciously. But without continuous treatment and personal supervision the results could not possibly have been obtained in the great majority of cases. The fee received is therefore fully earned and justified. Instead of being split up into small fees for distribution to several doctors or druggists, none of whom renders any real service, it is collected by the one man who actually does get good results.

DRUGS AND DISPENSING

Drugs I use but little. Wherever possible I do not employ them at all, but where they are indicated I use a minimum dose at infrequent intervals, because I realize that the stomach is not a pill box and that medicines play a relatively small part in the cure of the

individual. Voltaire defined the physician as 'a man who pours drugs, of which he knows little, into a body of which he knows less.' We understand more than we used to do and though Franklin's epigram, 'he is the best physician that knows the worthlessness of medicine,' may have seemed severe when it was penned, it is not far from the accepted truth of our day. When, however, drugs have to be used, I prefer to dispense them myself rather than to have them dispensed by an apothecary. This practice often puzzles the regulars. They wonder why progressive practitioners give medicines instead of prescriptions to their patients.

In the first place, it is economical for the patient to receive the medicines from the physician without any extra charge, instead of having to pay separately for them at the drug store. The progressive physician charges a flat rate for his treatment, and all medicines are included. The patient of an ethical practitioner might pay $2 for a visit, receive a prescription, and pay another dollar or so to the druggist for medicine which could be secured from a wholesale house for 20 cents. Further,—and this is naturally far more important,—when the physician has control over the drugs used and the patient cannot renew a prescription, the danger of habit formation and drug addiction is greatly lessened and the serious consequences that may result from patients having prescriptions in their possession are avoided. For instance, a patient suffering from stomach ache was given a prescription for the relief of the annoyance. He met a friend who complained of pains in the abdomen, and he thoughtfully and kindly handed over his prescription. As the second man was in reality suffering from appendicitis, his faith in his friend's prescription almost led to his death before proper measures were taken.

In another case, a lady received a prescription for the cure of a cough and was so enthusiastic about its

efficacy that when her two-year-old child contracted a cold and began coughing, she secured some more of the medicine and gave it to the infant. Fatal results were happily averted. But the incident illustrates a very common form of the abuse of prescriptions—applying to a child, with the best intentions, a remedy intended only for an adult. Similarly, prescriptions given for one individual case are handed round indiscriminately, with consequences that may be expected, —as I have already mentioned while discussing gonorrhœa. A prescription in the hands of one who does not understand it thoroughly is like a keen-edged tool in the hands of an unskilled workman. I could quote almost numberless cases bearing gravely on this question, but enough has been said to illustrate the point that I wish to make: that is, wherever possible give the patient the medicine he needs, but don't give him the prescription he does not need and may consciously or unconsciously abuse.

I recognize that it is impossible for a physician to stock himself up with all the drugs in the pharamacopœia; but that is not necessary. There are certain standard drugs which are used most commonly, resort being had to others only upon occasion. The drugs for which there is a frequent call should be kept on hand. The progressive practitioner does keep them. He experiments and tests until he has exactly what he wishes for the different exigencies that he may expect to have to meet. His preparations are made up by reliable houses, who will compound them exactly as he wishes and carry out any modifications that he may from time to time desire. His medicines are therefore absolutely dependable; they are at hand; they cost the patient, who has paid his fee for treatment, very little. All this is naturally appreciated by those who have benefited by it, and the prestige of the progressive practitioner is further increased.

Preparations that are ordered in quantity from reputable houses, and kept in stock, are better compounded and much cheaper than if they were obtained in any other way. The fact that they are scientifically and exactly put up, in contrast to the slipshod way of many of the drug stores, should be enough in itself to commend the practice to even the most conservative of the profession. In an investigation conducted not long ago by the Board of Health of the city of New York, it was found that only thirty-five per cent. of the druggists to whom sample prescriptions were given compounded the formulas correctly. The others either used wrong or faulty measurements, or substituted some drug of approximately similar action for the drug that was specified, as they had the one on hand and would have had to order the other. With druggists provably lax in the compounding of prescriptions, if we have the welfare of our patients sincerely at heart we should by all means keep in our own possession an adequate stock of drugs, put up by a house of high reputation at a charge low enough to enable us to distribute them without materially affecting our financial returns.

A possibility that is rarely thought of by the profession and rarely guarded against is shown by an incident which happened to me when I first started practice and still handed out prescriptions to my patients. The patient in this particular case was suffering from constipation, and I prescribed a compound which gave him relief and also removed constitutional symptoms usually associated with constipation, such as headache, blurred vision, inertia, etc. So pleased was he with the remedy that he used the prescription and is now selling it as a patented preparation for the relief of constipation. Another patient, this time not one of my own, did a similar thing with a hair remover. I

do not doubt that there are many preparations on the market which have a similar origin.

One outstanding feature of the drug side of medicine, in which the profession as a whole is closely interested, is the fact that the physician acts as the agent for the drug house. The chemical company will send the practitioner samples of a preparation, with the endorsement of medical men of standing as to its value, and then the physician in the majority of cases prescribes that particular medicament. Listerine, Antiphlogistine, Lysol, Peptomangan, Thymoline, Aspirin, are examples of these preparations. I am not discussing their precise value. I am simply pointing out that at present the doctors act as agents for these compounds, whereas in the system which I have outlined—the system of the progressive practitioner—the medical man may be the principal and the drug house his agent.

The control that the drug establishments exercise over medical practice and the medical press is a factor that is distinctly detrimental to the profession. The various medical journals are dominated by the drug house influence: it is apparent in scientific articles, advertisements, society discussions. With the gradual disuse of drugs that marks the present day and the present tendency, the influence of the drug houses must also decline. Drugs should be used as a means to an end, never as an end to a means.

The ideas that I have sketched out are susceptible of developments and modifications to suit the individual need, and would undoubtedly improve the practice of medicine both from the professional and the economic standpoint. The plans are applicable to an office practice as well as to a visiting practice. And here I should like to say a few words about an office practice.

OFFICE AND VISITING PRACTICES

I think every practitioner will agree that the best practice is an office practice. The idea that a physician should go to the home of his patient, except in special cases, is an obsolete one. There is no question that attention to the sick in health houses, or hospitals as they are now instituted, gives far better results than can be obtained from home nursing. The health houses in which the offices of the attending practitioners are located should be numerous enough and the rates reasonable enough to permit patients to spend the period of their illnesses there instead of at home. There may be no place like home for those who appreciate it, but home is certainly no place for the seriously sick. The possibility of infection of those around, the imperative need for certain equipment, the danger to the neighborhood, all indicate the disadvantage of the home in such circumstances and the advantage of health houses, health hotels and health apartments. These places could be so equipped that not only the patient, but, in the case of a child, the mother also could be housed. In this way the objection that maternal care could not be given would be obviated.

I find that it is almost impossible for a man to have both an office and a visiting practice without one interfering unduly with the other. Just when the practitioner is absent on his visits, a patient needs his services in the office; and at the exact time that he is in his office, a patient calls him up and wants him to come at once. To meet this difficulty is a serious task; but if a man prefers to have his practice split up in this way, he will find that by arranging alternate days for visiting and office practice he can accomplish much more than by merely arranging 'office hours.'

It should not be forgotten that each visit at the house of a patient involves a definite economic loss. There is waste; there is a certain possibility of friction—very slight in some cases, not in all—due to strange surroundings and inconvenient arrangements. A home is not a hospital. The doctor, whether he is clearly conscious of it or not, is perpetually adapting himself to changing conditions and environment. He cannot be absolutely at his best; for that can only happen,—if he must be at his best day after day,—when he is working in his own place, in a wholly familiar environment, with everything just where he knows he will find it when he wants it. He is on his own ground then, and is so much the more master of himself and therefore of his professional skill. Even trivial distractions due to any kind of strangeness may affect his efficiency; and though the strain may not be noticeable in a single case, it becomes important in its cumulative effect during the year. For a practitioner to visit patients, when it is possible for them to come to his office, undoubtedly means a loss of efficiency.

One man in my immediate neighborhood—an osteopath—keeps an automobile employed all day long in bringing patients from their homes to his office, and taking them back again. The business secretary, of course, attends to all the details of these appointments. The medical profession might learn something from such an arrangement.

But the idea of the Medical Service Centre, already referred to, is the best solution to all these problems. An obstetrician could have his patients in residence during their terms, an oculist his eye patients, an aurist his difficult cases, and so on. The hygienic arrangements, the conveniences of equipment and service, the constant supervision of the attending

practitioners, would ensure the maximum of comfort and the minimum delay in recovery.

Such team work would be invaluable. Incidentally it might do much to prevent official and officious interference and blundering. Take the case of an epidemic, such as we have had in recent years. Medical bureaucrats and boards of health, etc., have an opportunity to advertise themselves. Not all of them may take wrongful advantage of this, but some certainly do. General warnings, instructions and so on, are issued, and the public is duly alarmed but not safeguarded. If the medical men in a community-group—say twelve or fifteen of them in one town—were to work in common, issuing educational advice and giving proper individual and collective service, the results would be far better. They could tell the public the truth, that no two cases are alike, and urge them to come to the office for individual information and preventive treatment.

Official uniformity and red-tape do not work well in the general medical field. When I was spending the summer recently in a little town in Long Island, it was terrible to see how children with minor ailments, —colic, etc.,—were swept into the net spread for infantile paralysis. Individual initiative and judgment seemed to be abandoned, and the most rudimentary essentials of medical skill were neglected. But who could interfere, under the present system? Red-tape and incompetence had their way; and the children—and their parents—paid the cost, while the profession was discredited.

THE SPECIALIST AND CONSULTANT

Often in a busy man's practice the services of a specialist or consultant are needed, but when this occurs there may be a good deal of hesitancy on the part of the practitioner as to the calling in of such

a man. He has learnt that not all consultants may be trusted, that some of them will be quite ready to discredit him before the patient himself, or will even go so far as to take the case out of his hands entirely. In any event, the specialist with a reputation collects a big fee, while the man who is doing practically the whole work has to be satisfied if he can collect his usual small bill.

In many cases, the physician protects himself by calling in a friend or acquaintance with whom he can make arrangements to split the fee. The profession, while condemning fee-splitting, refuses to go to the root of the matter. It leaves the general practitioner struggling for his living and reserves the pleasant perquisites of success for its favorites. If it were organized as it should be, it would deal effectively with the question of the consultant, as with other questions. It would arrange a method of reviewing cases where the practitioner is robbed of his patient, or where his ability is discredited by the consultant. It would arrange, after careful examination of all the conditions, for proper publicity in such matters, to discourage others from doing similar things. It would regulate the qualifications of a specialist. To-day, any man may pose as an expert without being required to present any evidence beyond his general medical license. If he has some connection with a hospital, or takes charge of a class in a dispensary, he is considered qualified to be called in. As these connections are not secured through ability, but through cliqueism and influence, the system is too crude to be creditable. The ethicalists, however, profess to be content with it, though the rank and file of them suffer seriously. The progressive practitioners have been neither contented with the abuse nor inactive in remedying it. They have their own system and have proved by experience that it is successful.

I explained in the last chapter that I arrange a flat fee charge with the patient. The case is then completely in my hands and I am able to call in a consultant and tell him that it is I, and not the patient, who will pay the fee. In my own practice, for example, I do not do any surgery; but after I have made arrangements with the patient, I call up the surgeon I have selected, according to the nature of the case, and tell him that I can pay a certain sum for the operation: is he willing to do it for that fee? As a rule he is. I have never had any trouble in this regard. The patient is under my protection from beginning to end, the surgeon is paid fairly, and I myself am remunerated for my care and treatment of the case post-operatively.

Generally the patient does not even know the name of the surgeon or consultant whom I call in, and I am therefore never afraid that my cases will be stolen from me. Also I know that I am the master of the case; that no one whom I have called in will try to order me around or depreciate my value in the eyes of the patient; and the specialist will not assume the paternal air that he frequently does under other conditions, and will not attempt to display his immensely superior knowledge.

The flat fee system certainly eliminates the petty tyrannies from which the general practitioner is liable to suffer. But it goes further than this, and places the financial question on a proper basis. The specialist is a stranger: the general practitioner is familiar with the financial standing of his patients and is the best judge of their ability to pay for special services. He should therefore have control of all monetary arrangements.

The patient benefits particularly from the system, because he is under the continuous protection of his own physician. Unnecessary consultations and opera-

tions are prevented. How many times do so-called ethical men and pseudo-surgeons anæsthetize their patients, perform a superficial incision just through the outer layers of the skin, and then sew it up and secure a quick and uneventful recovery—just to collect a fee! On the other hand, the profession need not watch the progressive practitioner—except to learn from him in method and organization. It is the 'ethical' practitioner who has to be watched constantly to see that he does not endanger the health and the lives of his patients: for he is sheltered by the cloak of orthodoxy.

While the specialist requires, and should receive, a high fee, because of his more expensive equipment for diagnosis and for therapeutic ends, yet it should be taken into consideration that to-day we are all more or less specialists. Even the ordinary practitioner has some subject in which he is especially proficient: there are few men not endowed by nature with more skill in a certain branch than in others. It is true that the consultant has more knowledge and skill with regard to his particular subject, otherwise he would not be called in; but at the same time the fee he usually expects is out of all proportion to the amount of work he does, when comparison is made between the work and fee of the ordinary practitioner.

After all, it is the general therapeutist who knows more about medicine and is essentially a more advanced man than any professed specialist. The laryngologist sees nothing but the lungs and throat. Ask him about the stomach—and you might as well ask him about Uranus: he knows just as much of one as of the other. Ask the oculist about the uterus, the obstetrician about teeth, the gynecologist about the ear, and they are dumb, while if you ask the general therapeutist about anything in the whole run of medical practice, he will be able to give you an intelligent answer. In other

words, the general practitioner knows a great deal about each specialty, but the specialist knows little or nothing outside his limited field.

Not long ago a great opera singer found that his voice was affected by some trouble. Experts were called in, and the throat was operated upon *eight different times*. Finally, a general practitioner discovered that the patient was suffering from sarcoma of the thigh, with resultant infection. Proper treatment came too late. The singer died—through excessive specialism, and too little general therapeutics.

The therapeutist is the man who must make up his mind on all things: he has to choose consultants and operators, who do their work, collect their large fees and disappear, while if anything goes wrong the onus falls on the local practitioner, who is responsible for the specialists he calls in and for the results. If these results are not satisfactory, he may lose his patient and the whole connection of the family and their friends. It is obvious therefore that instead of being the mere servant of the specialist, to be patronized and depreciated, he should be in firm control. With responsibility he should have also the assurance that comes with initiative and the right of decision.

Yet, since it takes so much to make a good general therapeutist, specialization is bound to come more and more to the front. Medicine is too wide a field for most men. They will have to devote the greater part of their time and energy to one particular branch of service. The new man will therefore, as soon as he graduates or even before, have to make up his mind as to what he is going to specialize in. Already, if a medical man is by special study and special aptitude able to handle a certain class of disease more intelligently and satisfactorily than the general practitioner can, it is his duty to let the public know about it. In the future he will take pains as a matter of course

to be thus specially qualified, and both he and his patients will benefit. But just as the general practitioner should be a specialist, so the specialist should also be far more of a general practitioner than he usually is. The correlations of medicine are too important for any man to attempt absolutely to isolate one branch.

SOME SIMPLE SUGGESTIONS

I will conclude this chapter with some simple suggestions derived partly from the 'Medical Economist.' They may appear obvious to those who already observe them in their practice; but I am setting them down because they bear upon the point which I am stressing in this book—efficiency, and how it can be acquired and maintained. It is because I believe that the progressive practitioner is doing great things for the profession, and pointing the way for still greater things to come, that I think his methods, both those which he has originated and those which he has cheerfully adopted because they seemed good, should be made clear not only in outline but in some detail. My own experience has shown that the following little rules, whether elementary or not, are useful.

Receive every caller cordially, but with dignity and respect.

Do not permit gossip, or discussion of social, religious or political subjects.

Get at the work in hand without delay and complete it with dispatch, but in no way with haste.

Keep your patient's attention on the subject and object of his call on you, from the moment he enters your office until he leaves it; do not distract it by a recital of your experience with a similar case, but make him feel that for the time being your entire attention and interest are devoted to him.

No matter how busy you are, remember that physical examination is one of your trump cards. Ask as few questions as possible while making it and offer no comment about anything. (In my own practice, however, I may examine for a short or long period purely for the psychological effect, and not for diagnostic purposes. Such an examination is in itself a form of treatment, and may have a valuable effect upon the patient. I also, although an examination may have been made at the first visit, listen to the heart at other visits, merely for the psychical result.)

When you find reasonable indication for manual or mechanical treatment, do not fail to apply it; you can no longer hope to satisfy patients with medicines alone. Massage, vibration, faradism and some form of inhalation are easily within the scope of every doctor's equipment, and they may be made to pay handsomely.

Every time a doctor says, 'I think you have so and so,' he injures his position in the patient's opinion. Do not commit yourself to a diagnosis until you are sure that you are right: then be positive.

It is a good and wise plan to prescribe or dispense medicine for one week only at a time; this helps to keep your patient under proper observation.

If possible your secretary should collect your fee for each office call at the time, and explain that you charge for services when rendered, and expect cash payment. It may take time to educate the public to this and may entail temporary losses, but it will hold worth-while practice and will pay in the long run. The public expects to pay the heavy fee of a specialist promptly, and the fee is therefore paid, even though the patient and his family may have some trouble in getting the money together. As soon as the public knows that it is similarly necessary to pay the general practitioner promptly, it will do so.

X

MEDICAL ORGANIZATION AND REORGANIZATION

THE medical profession is in a rut. It has stayed there too long and too complacently. The habit of stagnation is scarcely one to be proud of. In this book I have tried to point out the clear way of escape from the conditions that have grown up. I cannot appeal to the profession as a whole in any other manner. I cannot write to the medical newspapers or journals, because they would not accept my contributions. I cannot talk to the medical societies, because they would not listen to me. Yet reorganization is essential. We must have, and will have, constructive activity. We must and will do away with the old stupid methods, the old policy of *laisser faire* and indifference.

The profession must be democratized. That is a fundamental necessity. The rank and file must be fully recognized and the present leaders discarded. Privilege, graft, intolerance, irresponsibility, will have to be wiped out before medicine can assume its own proper place. If the general practitioner could but get a bird's eye view of the whole profession, and see the really terrible conditions and practices that prevail, he would not consent for another moment to support the degrading system. So far the rank and file have been either unwilling to think, or unwilling to fight when they did understand conditions. They have accepted a medical autocracy, which, after the fashion

of autocracies, has not justified itself, though it has exacted everything that it possibly could in its own interest. Well, we can change all that, and we shall. The folly of the past is not going to leave a perpetual incubus, which we are stupidly afraid to touch simply because we have endured it unnecessarily for so long. We have our duty to ourselves, to the profession and to the public. Free men can perform their duty only under free conditions. The profession then, I repeat, must be democratized.

Think of the extraordinary conditions existing to-day, when about thirty-five men completely control the affairs of over ten thousand practitioners in the city of New York; when those who are in charge of our hospitals, dispensaries, colleges and societies can utilize these institutions for their own aggrandizement and the exploitation of their own selfish purposes. It is they who get the benefits of hospital publicity, they who reap the rewards of consultations, who secure the privilege of college professorships; it is they who flourish at the expense of the general profession, and as far as they are concerned the rest of the profession can go to the devil. A good deal of travelling has already been done in that direction.

With democratization we shall have more initiative, individually and as a profession; we shall have freedom, and the satisfactory sense of conducting our own affairs; we shall have a clearer knowledge of our needs and our strength, and we shall learn how to apply that total strength most effectively. We shall deal with problems that we have left untouched, because there was no vision in the controlling cliques, with their reactionary instincts and methods. We shall be a united fraternity, and not a house divided against itself.

We have been making the world safe for democracy. We may as well make the profession safe, both for,

and through, democracy. There is expectation in the atmosphere, the foreshadowing of new and big things. A spark may start the explosion at any time. The economic stagnation, the social and political impotence that the profession now suffers, are intolerable to those who know and understand. The profession can bring an irresistible force to bear on a heavy but by no means immovable burden. It can free itself.

Shaw aptly says: 'Any fool can be a slave; in fact, every fool is a slave, though he may be too great a fool to know it.'

The profession taken collectively, I am sorry to say, has behaved as a mediocrity, because it has been deprived of the leadership of its best men. If these men were given a chance to rise to the top of the profession, the profession would rise with them. Unfortunately, it is not merit that wins distinction and position in the medical fraternity. It is the intriguers and schemers, the professional plunderers, who get to the top, with the result that we are confronted to-day with the most perplexing situations. The medical field is clogged, mediocrity has usurped the functions of intellect, true professional feeling has been replaced by a spurious code of ethics, natural progress has been stopped, natural initiative discouraged.

All this can be avoided by co-operation and common sense. Be he ethical or non-ethical, regular or progressive, the practitioner must take his share in the reorganization of the profession, bringing with him the desire for justice and whatever measure of ability he may have. There are means for combating individual selfishness, means for the better protection of the weak, the unacquainted and the friendless from the exploitation of the strong and powerful. We can give practical expression to the solidarity of the profession, while we extend the liberty of the individual.

That liberty has been invaded on all sides, economic

and other. Individual incentive has been destroyed and improvement in the profession prohibited. We have had tyranny, but no co-operation. The little men in big places have duly exhibited their littleness, and the big men who found themselves in the background have been carefully kept there. The medical organization as it exists to-day offers no inspiration, no encouragement. The medical ring is a deadly evil, which the medical man has to endure from the day he enters the medical college until the day he stops practice. All medical activity is subject to its approval; there is no limit to the tyranny that it can exercise, save the will of those behind it. It is a malevolent, not a benevolent, autocracy.

Complete reformation is needed. Intrenched as the ring is, reluctant as it will be to surrender the authority it has arrogated to itself, it can be compelled to accept the new order as soon as the profession has resolved to govern itself. Medical men hold in their own hands the means of freedom, the means of compelling the reactionary few to submit to the rational majority. They have at their disposal the whole power of publicity. It is a power which can be employed either for restraint or liberty, according to the spirit of those who control it. It will work either way. The profession must use it for freedom, and no longer remain dormant and slavishly submissive.

The progressive physician has already made a good start towards the realization of the new freedom. If he goes on in the same way, the medical world must soon grasp the immense fact that control of opportunity for society's good is a complete substitute for control by coercion in the medical field, as in every other social circle, and that ostracism is needed only for perverts, degenerates and criminals. Ostracism is a compelling force which assuredly should not be used except after undoubted justification. No indi-

vidual can gain success if he is shut out from intercourse with his fellows and from their confidence. No nation can be prosperous under such conditions; no society can continue isolated in the modern world. Intercourse, interchange, inflow and outflow are as vital to its life as the air it breathes.

Organizations are collective units, highly developed, responsible and responsive through massed self-interest, through dependence upon intercourse for well-being, upon direct access to the people through publicity. Therefore, no other power of restraint than control of opportunity is needed. When that is established, the practitioner can no longer be tyrannized. The cliques will go. The ring will be abolished. There will be no plotting for selfish mastery. Each will have his own opportunity, of which he can make full use. And it must not be forgotten that there can be no resistance to this change. It would be resistance to the law of social gravitation, and the penalty could only be personal and economic disaster.

The medical world can be brought into harmony with the organic law which decrees that social units failing to adapt themselves to their environment, and refusing conformance to the standards of the mass of which they are a part, must suffer the penalty of exclusion and decay. This is the true law of the survival of the fittest, which confronts the medical profession. And if there is any question as to the fitness of the progressive practioner to survive, there is but one test to apply. If he has survived where others have gone down into oblivion, if he is advancing instead of retrogressing, then he is the more fit. There can be no doubt about that.

After the new order of freedom of expression by individual physicians has been established, after all factions have been made to realize that revolt against this inevitable progress is mere suicide, then the medi-

cal profession will begin really to assert itself and will occupy its proper place in the social environment. The era of efficiency will have begun.

Organized medicine uses its power to isolate the profession from the public, while the progressive practitioner uses publicity to get into touch with the people. The old methods have failed, as they deserved to fail. Why, then, should not the profession turn, as it must turn, to new things; why should it not inquire, with an open mind, into what the men with new ideas have to offer as a solution of medical problems and a means of escape from the deplorable conditions that now prevail?

The profession must recognize that publicity is the great modern power, far greater than the power of the old organization and far higher than the old conception of medical ethics. The time has come to drop vagueness and obstinacy, and adopt practical methods that have proved their value in other fields. The period is propitious, the need is great.

The profession cannot develop mentally except in exact proportion with the amount of nourishment it receives, and the people who are feeding physicians with ideas are surely not up to the standard, so far as brains are concerned. The way for medical men to get new ideas is for them to come into contact with the people as a whole. Now they only come into close contact with a small and restricted class. That is why the progressive practitioners are as a rule much more interesting men than the ethicalists, with the ability of adaptation and leadership, and with the power of vision; for they come into contact more directly with the people whom they serve. Their experience is broader and more valuable than that derived from the ordinary medical societies, medical journals, medical clubs or local conventions. Through publicity, with all that it involves, the progressive

practitioner keeps himself in touch with the rich new things that have freshened his brain. He continues to read, but his education does not stop there. Many people, many opinions, many points of view contribute to widen his outlook, while the sense of success, of freedom from economic pressure, gives him a zest in daily affairs, an appreciation of a fully rounded life, that cannot be found among the ethicalists, who think they are more fortunate, because more orthodox, than he.

It does not require very close observation to notice that the majority of the rank and file, when they are through college or school and begin to earn their livelihood, so-called, soon relax their habits and drop all educational pursuits. The ordinary practitioner, instead of advancing, is slipping into a fatal groove. He has no incentive to keep up with medical progress. He even loses his knowledge of subjects he once considered he could never forget. The fault is largely with the organization, which has no interest in enthusiasm and no method of sustaining it. The mere reading of scientific papers at a meeting is far from sufficient. There should be a new form of organization, managed by the progressive men of the profession, for the purpose of studying educational propaganda for a few hours each week. At the same time, at the weekly or monthly meeting, each man should be permitted and encouraged to speak on a subject in which he is especially interested, for the benefit of the others. We need a mutual educational society, not such as we have in schools, where the few teach and the majority doze, but a means of increasing professional information through the exchange of ideas and experience.

The pharisees in the profession hold it back. The progressives want progress in the actual practice of medicine, in the organization of medicine, or in pedagogic medicine. They will do everything they can to

help progress. But when at last it has established itself as an accepted thing, the pharisees are loudest in its praise and will boldly and blithely give themselves the credit for fostering the idea originally. They stand in the way of the men who are not afraid to think for themselves. Ethics is their strong point, and they are ready to quibble over the wording rather than the intent or spirit. This type can be eliminated without compunction.

The medical man does not differ from other men; he has similar foibles and weaknesses. At present, the ethicalists are in power, and they intend to remain there, if they can, no matter what effort it costs or what will be the result on the future of medicine. There are unfortunately too few men in this world who are ready to sacrifice themselves in any way in order that an idea may be fostered, an innovation introduced, or a new benefit secured for the public. Human beings are essentially egotistic. But the greatest good of the greatest number is not a bad principle, and the medical ring must be suppressed because it stands for the greatest possible amount of harm.

A PROGRAMME OF RECONSTRUCTION

There are two ways of introducing new ideas, new governments, new ideals. One is the gradual way, by utilizing opportunities as they come up and introducing one idea after another, until the whole former fabric has been changed. The other way is by a swift revolution and the introduction of the new programme in its entirety. Where the old form differs only slightly from the new form desired, the former method may be employed; but where the two conceptions are totally different, where they have no points in common, a revolution is necessary. To change

the present form of medical organization piecemeal is impossible. A swifter, far more drastic movement is necessary.

I have pointed out the weakness of the profession, and I believe that a programme of reconstruction based on common sense, on the experience of others and on the principle of just compensation for service, can be effectively worked out and put into execution. And while the programme here presented is merely my own visualization, I believe it deserves careful consideration, even if the profession does not agree to its complete adoption. In spite of the fact that I have ideals and believe firmly in ideals, I also believe that it is wrong to lose sight of the practical nature of things, and I have therefore planned this reconstruction on a basis that is practical and workable. Whether my ideas will become the dominant feature in the practice of medicine in the future remains to be seen, but I submit them to the profession for consideration, amendment and adoption in some form or other. The final outcome rests with the general profession. I can only hope that all who read my pages carefully will realize, if they have not already realized, the weaknesses and disadvantages under which the profession is laboring; that they will contrast the unscientific manner of practice taught in our colleges and schools, with the logical and rational basis upon which I want to see the profession placed; and that they will do everything that they reasonably can, as individuals and as members of an organization, to bring about the necessary changes.

If I can succeed in making the rank and file see the symptoms of decay and destruction and point out the diagnosis, the prognosis and the remedy will be easy. The profession needs to see clearly the conditions which have to be altered and how they should be altered. It is important to emphasize the fact

that whatever may be the causes of the present state of medical practice, the detailed proposals of change should aim to correct present abuses and forward definitely held principles: i.e., to give health to the people and in return receive help from them.

The healing art has failed to use to proper advantage the organization which it has, those at the head of it taking care that all influence should be directed toward their own maintenance in power and prestige. The tremendous possibilities of the profession as a whole for the benefit of each individual have been entirely neglected. The individual must not continue to lose sight of his individuality, and the organization must be so rebuilt that it will further and not oppose the interests of the individuals comprising it.

One of the finest examples of correct organization, and one which might well be used as a model for our own, is that of the Christian Scientists. Leaving entirely out of consideration the question of the good or harm they do to society, there can be no doubt that their organization is extraordinarily efficient. Their success depends entirely upon advertising—concentrated advertising. One book and one person all the time—'Science and Health' and Mrs. Eddy. The reason for their phenomenal progress is the management that directs the organization. With headquarters at Boston and with subquarters in every state, city and hamlet in the Union, the spread of the propaganda is conceived and controlled. An efficient business manager in Boston, an expert educational committee, healers and readers in constant touch with headquarters, give to this cult the ability to reach out and take root, ever growing and ever increasing in power. They have a clear platform, and everything that is done is systematized for the furtherance of this platform. Publicity is the keynote. Sunday School lessons, preachments, gospels, bible lessons and texts

are selected and prepared in Boston, and on the specified day all over the United States the same lesson is read, the same text is used, and the same responses are given.

If this idea were applied to medicine, think of the wonderful amount of good that would be accomplished. If, for instance, we as medical men would adapt the Wednesday night get-together meetings of the Christian Scientists to our own profession, we should harness an extraordinary power. Details would naturally be arranged after experience and discussion; but the general principle is clear. The organization of medical men could use their offices to spread the gospel of health in every community in the country; meetings would be arranged where health service and disease prevention would be discussed, the discussion being led by one of the physicians in the district. Essential facts could be brought home to the people directly, and a large number of them would be interested not in their own health only, but in the health of the community and the best ways of preserving it. Just as in the cult mentioned, the healer or reader works for the good of the society and everything that the society does reacts for the benefit of the individual healer and reader, so could it be with the medical profession, the organization working for the good of the individual practitioner and each individual practitioner working for the good of the profession. If the cults can get good from what they do, how much more will the public get from an association of scientific practitioners inculcating scientific medicine!

The individual medical man should be given a chance for self-expression, even if he interferes with tradition, custom or ethics. He should not be debarred from the practice of medicine under the organization for such an expression of individuality, because this ex-

pression is valuable to the profession as well as to the individual himself.

What would it mean to the other professions, to the business world generally, if a man were not permitted to express his individuality? What progress would there be in science or elsewhere? What would the singer amount to, or the actor, the merchant, the banker, the churchman, if he could only express himself when he had the sanction of the Board of Trade or of Commerce, of the Actors' Association, the musical fraternity or the clergy?

We want to base our reorganization on freedom, but also on a deliberately planned co-operation in the study and practice of medicine, to relieve the more pressing abuses of the competitive struggle for a bare livelihood. The utmost equality of economic return should be guaranteed to every medical man. The actual amount of his income would still depend upon himself and his acceptability to the public, but he would not be deprived, as he is now, of the opportunity to bring himself before the public in the most suitable way and in the most suitable place.

The profession should be regulated by the conscious consent of the members, who should all share in the power, responsibilities and returns, economic, social and otherwise. That is the characteristic foundation of democracy, and democracy should be the characteristic foundation of the medical profession.

Those members of the profession who are actually practising it day by day and living in close contact with the realities of life, will perhaps have a more accurate appreciation of what I say and a clearer realization of its applicability, than those whose lives are devoted to academic pursuits, or who are prejudiced with regard to conditions or biassed against all progress.

THE FOUR MAIN PILLARS

This programme of reconstruction is not a policy merely for a single specific reform, but a systematic and comprehensive plan for the entire rebuilding of the profession. As I see it, there are four main pillars:

1. The assurance of economic independence for the profession.

2. The promotion of educational publicity for the individual practitioner and the whole profession, which means doing business directly with the people.

3. The democratic control of all our medical organizations and activities. This involves the turning over of the medical education of the profession from the hands of the trustees to the body politic of medicine.

4. The opening up of our hospitals, dispensaries and colleges, the boards of health and other sanitary and medical institutions, to the control of the rank and file of the profession, instead of permitting them to remain in the hands of the politicians.

Every individual in the profession should be assured the means of economic independence. Such an amount of protection and opportunity must be given to everyone as is to-day given only to the fortunate few. This condition is indispensable if we are to have helpful co-operation rather than destructive competition.

Whether the profession as a whole does or does not realize its depressing pecuniary situation, the laity knows it. Reorganization hinges on the question of economic improvement. In the final analysis, this is what all organizations stand for—the development and application of an effective economic policy.

If the profession is called upon to protect itself against the degradation into which it has fallen, is it not necessary that the process shall start with the

improvement of the status of the individual? How otherwise can the change be effected? And while no one doubts that ethics has failed shamefully, no active steps have been taken to supply a remedy. An improved economic condition of the profession is long overdue, and it must commence with a proper provision for the individual.

Not only must the hospitals and other institutions be removed from the control of political cliquesters: the laity must be completely protected against unskilled service. More men of sufficient experience are needed, and there must be better supervision of the young man just turned loose from college. The group diagnosis must be used more extensively, to give the wage-earning and middle classes adequate medical attention. Also, manifestly, it should be one of the duties of the new organization to see that every fit medical specialist be placed in a community or section where he is needed.

This last phase, perhaps, can stand a little more elucidation, though I have already gone into the matter in Chapter V. Think of the inestimable benefit that would be bestowed upon medicine and upon the public if the organization would make it its business to place young men—or older men—in different parts of the country according to the needs of each section. Especially so when we consider the importance that group-diagnosis will assume in the near future. For instance, I know of a young man who has fitted himself excellently to become a laryngologist. He has had the study and training necessary for good work. Yet he is starving. It is possible that by shifting his position from the city in which he now lives to one about twenty miles away, he might turn his failure into success and confer a boon on his new locality, because of the need for such a specialist. I know of three eye men in a little town in New Jersey, and I also know

of another town in New Jersey where they need an oculist, but have none.

There is no doubt that such an organized movement would be useful and is urgently needed. I hold it to be the duty of medical associations to take such steps as may be necessary to prevent any reduction in the income of the medical man. It should be a cardinal principle in the medical association policy to make it clear to every practitioner that his duty is to improve his economic status, because of the effect on himself and upon the profession as a whole. The financial position of an individual, as I have repeatedly pointed out, affects the quality of his practice, and there is nothing more dangerous to the community than impaired medical efficiency and service.

The widespread and continued non-employment of the services of young medical men is dangerous to the public, as well as a waste. One of the foremost obligations then of the medical association should be to find employment for these willing and able workers, —remunerative employment and a stimulating practice. It is the duty of the profession to adopt a policy of determined and systematic prevention of such an occurrence of 'nothing to do' as we find prevalent to-day.

These are all problems that must be taken in hand and solved by proper organization. Attention has been too much concentrated on the scientific side of medicine, and too little on the economic side; and while I, for one, would regret the accusation that medical men are practising medicine merely for the money that they can make in it, I would also and just as much feel sorry to see the present attitude continue and the idea perpetuate itself that the medical man should not think of remuneration at all, but only of the good that he can render the public. Both ideas are wrong and can only find their solution in a com-

promise, and a happy compromise at that, where both the business and the professional elements are so interwoven and so worked together that the people will receive better and more conscientious medical service, and the practitioner better and more encouraging compensation. A cheerful disposition does affect the life and work of an individual; and though money is not everything, you can certainly make a man happier and more ambitious by showing him in a material way that his services are being appreciated. We are sometimes led to forget that we are business people working in a world of business people, and that we must perform business transactions in a business way. Our duty to the patient has been so deeply impressed upon us that we neglect our duties to ourselves and those dependent upon us.

MEDICAL SOCIETIES AND EFFECTIVE PUBLICITY

Before passing to another side of reorganization, I want to point out a few more failings of our present system. One is the waste of time and opportunity at our medical meetings. I have already referred to that, but a little repetition and enlargement does not seem out of place. Don't think for a moment that I do not approve of medical meetings. I do. The information that is plainly stated and based on well-authenticated facts is too valuable to be lost. It is just by such papers and meetings that general medical progress is possible. Without the interchange of ideas, without discussion and stimulation, medicine would stagnate and die. These new ideas are incorporated in the practice of those to whom the information has been imparted; the public and the profession profit, and medicine advances.

It is because I am jealous of medical progress and desire to safeguard it that I want to point out the

harm which is done because of the senseless, not the sensible, talking; because of the verbiage in which ideas are hidden, or the sea of words in which incompetence submerges itself.

The bad management of the meetings accounts for the small attendance of general practitioners. The only way to keep members interested and active is to make the meetings interesting and active. When the members realize that practical information, such as each one possesses concerning some portion of his practice, is the valuable contribution, a great step forward will be made. And when contributing members are convinced that the literary form of the contribution is not important, as long as the matter be sensibly put, a new day in society papers will dawn and rhetoric and long-windedness will give place to clearness, common sense and valuable ideas.

I recently read the following interesting description of a meeting:

'It is a big meeting and some big men are here from far away. I recognized Dr. A., who must have come 800 miles, and Dr. M., who came at least twice as far, and many other men of note. I thought "What a tribute it is to be a man in a cause, when so many men of note will assemble to do him honor." It makes me smile now that I've had my "seein' glasses" on a whole evening, to think I could have been so simple. Bless your heart, these men weren't there to honor B. or his paper. They were there, waiting for chances to jump into the limelight at the earliest opportunity and stay there as long as possible; they attended to get themselves called on; to hear the sweet sounds of their own voices; and to appear in print afterwards.

'When the applause subsided, the president called on Dr. A. to discuss the paper. I've always wanted to hear this man talk. I wish now I had never heard him; then I could keep my admiration for him. He

started in very modestly and sensibly, but soon the sound of his own voice grew sweet to his ears. So he detached his brain and left the course laid out and was off over chemistry, bacteriology, therapeutics, gynecology and surgical treatment of infant diseases. He didn't say anything on any subject, just touched it in a light, airy way to show he knew something about it, and passed on. Finally, after twenty minutes' talking, he rang the bell on himself, switched his brain into the circuit again, and with a single pertinent remark on the paper of the evening, sat down.'

The mistaken notion that professional speakers are necessary has done great injury to the cause of scientific discussion. We must get more of the ordinary, rank and file members to get up and give us papers and practical talks, and I am sure that the contributions they can make would be of incalculable advantage to medicine. It isn't necessary to be a master of form, to be a second Macaulay, full of beautiful rounded phrases. That isn't what we want at all. We want medical information, put straight, either in smooth sentences or rough ones, just so long as real information is given. We need more commonplace things presented from the other fellow's viewpoint, and every once in a while one of these things becomes uncommonplace, and we are all benefited thereby. Perhaps the speakers would not send their names 'sounding down the corridors of time,' but they could prepare a talk for their local society that would do good to many. Members should also have an opportunity to discuss their cases and receive opinions or advice.

We ought to take most of the million dollars that organized medicine now wastes in different forms of societies, and put it into effective publicity. Let the profession get together, for instance, and publish one book—a sort of new medical bible, containing what the public should know and what the profession should

tell them clearly,—not as a class or superior caste, but as citizens who are doing their share, in the field of social service in which they are best qualified, to help the community to which they belong. It is an affair of co-operation for mutual advantage. Let the 156,000 practitioners in the United States see that this book comes into the hands of the people, so that it may be understood everywhere why the profession needs the public and why the public needs the profession. This would bring thousands and thousands of people into the medical offices, while the proceeds from the sale of the book should not only pay all expenses, but leave a large surplus for further publicity and for the running on proper lines of the national medical societies.

Then establish lecture platforms to bring the profession and the public together; have medical moving pictures; be systematic; make full use of the enormous power of publicity. In other words, let us have organization, and not disorganization.

But what is the motive, the sceptics may ask, that inspires this educational propaganda? Is it pure philanthropy? My answer is, No: it is not pure, disinterested philanthropy. The desire to benefit the community, to employ his art and science fittingly and freely, will necessarily influence the trained practitioner. But he has also a personal motive in his educational work; he is not, and does not profess to be, wholly altruistic; the money and time that he spends are intended to bring him adequate returns. If it be selfish to serve himself through serving others, then he acknowledges that he is selfish.

Medical organization should be so democratized that every practitioner in the community, including every man properly connected with the healing art, should be a member of the organization, with the right to speak and present his views, and the right to vote if

he is licensed to practise and has been a resident of the district for the past six months. In this way the healing profession as a whole will have the power to exercise its considered judgment, and the power should not be delegated to any committee. Every practitioner will be a voter, and there will be no ostracism because one man believes in certain practices and another man in different ones. There is a bond of union which should link us all, and that is that we are offering healing services to the same public. It is our duty as citizens and as physicians to look out for the welfare of the public.

THE PROFESSION AND POLITICS

Although the profession does not quite realize it, organization is important also from a political point of view. Who is so well qualified as the physician to know the needs of the people? More than the priest, he is to-day their friend and confidential adviser. No one could more intelligently guard their political interests. The people need the profession in that field, just as the profession needs the backing of the laity. The want of full co-operation is due to the profession itself and especially to those at the head of its different organizations, who obstruct the progress of any man not in accordance with their views.

HUMANITARIAN ETHICS

Instead of medical ethics we want humanitarian ethics, modern ethics rationally conceived and sensibly applied. In the future we want the power of efficiency to be the chief thing to be respected. We must carry efficiency into every branch of medical life. It must dominate the relations of medical men with one another and with the public. The progressive practi-

tioner has shown how to develop efficiency and give it full scope. Through publicity he has a wide and interesting field of action. Once the profession learns to understand the new methods, the ethical ring will not long remain in control.

The independent practitioner cannot help asking himself whether the profession is impotent. Has it no means of asserting its mastery over its own destinies—or rather, no will to do so, for the means are only waiting to be used? Is it contented with the low level of poverty and parasitism to which it has sunk? Is it so weak and inefficient that it has no initiative, no desire to adapt itself to the new order of things that is so necessary under modern conditions?

The individual physician can surely realize how his individual will should help in the struggle for his future. He can understand that he has a right to be a free man without mortgaging the fruits of his energies for the coming years. He can scarcely help welcoming an organization that will safeguard his future and help him towards full development instead of restricting him inexcusably. It was for such reasons that the American Association of Independent Physicians was formed. But we want an organization of the whole profession, not of a section. We want all to be progressives, and none to be suicidal reactionaries.

If the economic condition of the practitioner is improved, that is all that is necessary at first. Nothing else matters much in itself, because everything hinges on the economic factor. If that is not secured, it is of small concern how other things are adjusted, for they will not stay adjusted. Every doctor must have control of his own opportunities of intercourse with the people. His initiative and independence should not be questioned, and the power of ostracizing a man from organized medicine for any other reason than

manifest misconduct and culpability must be eliminated once for all. The medical profession must see that these things are done, and that organized medicine gives full opportunity to the individual practitioner to be master of himself and his future.

AN INTERNATIONAL LANGUAGE

One phase of medical intercourse that has not been considered is the adoption for the purpose of convenience in conference and otherwise of a single language, such as Esperanto. Medicine has more than a local interest, more than a national interest. It is the most truly international subject of which it is possible to think. Humanity at large is entitled to its beneficences, and medical progress and possibilities must not be withheld from the knowledge of the remotest of peoples. For the welfare of the world, it is supremely important that a universal medium of thought-exchange be adopted. This would have been invaluable during the war, when races from the ends of the earth were brought together, and had to work together in such harmony as they could achieve, without any means of communication that could be generally understood.

I remember an international medical conference which I attended in Washington many years ago. Representatives of China, Japan, France, Germany, Scandinavia, America, England and other countries were present. Many distinguished men were gathered there for the interchange of world information and for the discussion of special points in technique, theory, etc. It was pitiable to see the efforts of the Scandinavian representative to have a speech that was being made by an American surgeon interpreted for him. The Scandinavian was deeply interested, because it was his specialty that the American expert

was discussing, and the distinguished visitor was anxious to get into the thick of it, but did not understand English well enough to converse and argue. And whenever I think of this conference and of the inconvenience caused by the lack of understanding of one another's language, I cannot help recalling another conference held in Washington a few years afterwards, in which the official language was Esperanto. I remember hearing the Chinaman get up and have his say, and hearing the Frenchman refute his argument. All understood each other because of the language that was spoken.

Esperanto, of course, is an artificial universal language originated by a Russian physician, Dr. Zamenhof. It is so simple in conception and construction that it can be read in half an hour and mastered in a month.

Medicine, being essentially universal, needs a universal mode of speech for its expression, but not a dead language like Latin. A medical paper written in French should be translated into Esperanto, so that the whole world may read it, without waiting for twenty translations into as many different languages. Similarly with books and papers originally written in English, Italian, etc.

AN INTERNATIONAL LICENSE

Just as there is need for an international language for medical expression, so there is need for an international license to practise the profession.

It is a great injustice to require a man to take a licensing examination in most states in the Union in which he desires to practise. To-day, if a practitioner in New York wishes to treat a patient of his who is confined to bed across the river in New Jersey, he must first have his New York diploma endorsed (for which

he is charged a fee of $50). This is not only inconvenient, but absurd. If a man is found qualified by a competent board of examiners to practise medicine in England or Australia, it should be accepted *ipso facto* that he is qualified to treat patients in Italy or France or the United States; and so on all round. There would be no difficulty in judging as to the standing of the body conferring the diploma. An international committee could easily make a list of the universities, colleges or boards whose degrees or licenses would be considered quite satisfactory in every other country.

The carrying out of the idea of state police power to its conclusion by insisting that all practitioners must conform to the rule requiring state licenses, works undoubtedly to the detriment and not to the benefit of the profession. In an allied branch of study, dentistry, several recognized authorities arranged at a recent National Dental meeting to perform operations at the various hospitals in the city in which the convention was being held, so that their confrères might observe the technique. Yet when the arrangements had been completed, notice was served upon the Association forbidding the performance of any operation by these men, inasmuch as they were not licensed to practise in the state.

Think of the pettiness and rank folly of the state authorities. Here were men more qualified to do this particular kind of work than any other in the United States, and yet they were prevented from demonstrating their ability, in spite of the benefit that would have been derived both by the patients, and by the other members of the profession watching the operations.

While I cannot devote much space to this subject, it seems to me that not much space is required to convince any reasonable man.

Even if federal legislation on the matter is not considered proper because it would interfere with the police power of a state, steps should be taken at once on the part of the profession to compel the state authorities to meet and agree upon a series of examinations, uniform for all states, to be held all over the country at the same time; the same questions would be put and the same scale used in marking the papers and determining the qualifications of the individual to practise the profession. And once having demonstrated his knowledge and ability, and once having been granted a license, the practitioner should know that this license would be valid in every part of the country, without further ado. Better still, it should be recognized, as I have suggested, over the whole civilized world.

To do all this, it may be necessary to standardize medical education. Well, then, let it be standardized, using the West Point idea in fixing the standard. If no license were to be granted to graduates of schools not conforming to the principles of standardization, we might reasonably expect that the schools would hasten to conform. Too much laxity has been permitted in the education and licensing of our students, and it is time the lines were drawn more closely, so that better medical men and better medical service may result.

These two innovations, an international medical language and an international license to practise, were never so requisite as now. The World War has proved conclusively the necessity for internationalism in all possible issues of international affairs. We must have interchange of ideas, thoughts, methods, practices, customs, etc. And I am sure that one of the greatest influences for international harmony and the abolition of destructive warfare would be the adoption by the medical fraternity of international policies. Medicine

cannot be American or French or British or Italian. It is cosmopolitan, universal.

A MEDICAL TRADE UNION

Organization is essential, but improper organization becomes an instrument of destruction. Our present organization is patterned wrongly, through a wrong conception of its purpose. The new conception is based on the standards set us by the trade unions. Of course I know that I shall offend many when I mention medical organization and trade unions in the same breath, or even couple the name of the medical man with that of a laborer. Is labor then unworthy? I cannot understand such rank snobbery.

I have based my suggestion on practical results obtained by an organization of medical men formed on the same plan as trade unions. The mistaken notion that medical men are holier than other men, specially sacrosanct and in no way mundane in method or ideal, is a fallacy that has done the profession much harm.

The tradition probably originated with the priests—compare the tribal 'medicine men'—who were the learned men of their day. They knew all that was worth knowing and they performed all the ceremonies, from receiving a new-born child into the world to chanting the cantations over the grave of the departed. As civilization progressed specialization took place, until all that was left to the priests was the caring for the spiritual welfare of the individual. The other functions were assumed by separate bodies of men, who were now termed lawyers, doctors, teachers, etc. But the idea of the advantages of mummery and of standing on a different plane from ordinary men has lingered from the days of those priests who were very worldly wise in their generation. It was they who

assumed the attitude that one form of service is more worthy than another.

So now, whenever you hear someone volunteering this kind of talk, you can safely assume that he is a lineal mental descendant of those dead and gone exploiters of the people, with their theories founded on personal interest. We must shake the mental dust of those ancient mummers from our feet and look on life as we live it from day to day, and we shall find that the people no longer trouble themselves with these mysteries and distinctions. The world judges men by the results they achieve, not by the pretences they put forward.

In the broad sense, one kind of service is about as valuable as another. It is of little moment that you as my physician keep me in health, if the plumber who comes to fix the gas pipes in my house leaves a leak through which the gas escapes and kills me. Most professional men seem to get the notion that the form of service rendered by what we call *the* professions,—law, medicine, theology,—is nobler or more essential than other forms of necessary service. There is nothing in that. The doctor may pull his patient back from the edge of the grave, but a careless switchman may hurry him into another grave without the doctor's aid. The lawyer may save us from buying real estate with a faulty title, but a dishonest contractor may so cheat us in the construction of the building that it ruins us to keep the place in repair. The minister may point out the way to salvation, and a careless drug clerk or a soulless cold-storage warehouse may put us in need of that salvation in short order.

The fact is that one form of service is just as 'noble' as another, so long as it is well done and the person doing it is living up to the full measure of his capabilities. Our sole patent of nobility is to do well the task that falls to us, the task which we ought to do.

The only noble pursuit is to serve well in our own proper place.

There is nothing dishonorable *per se* in copying our standards of organization from the trade unions, and in fact the Leipzig League calls itself the Medical Trade Union. This league aims at the protection of the economic interests of the profession and of the individual physician, especially against the demands of sick insurance societies and other corporate bodies. It further aims at an organized union of the individual physicians on a voluntary basis to oppose, if necessary, the combined will of the profession to the legally privileged imposition of the insurance companies.

The organization of the league is voluntary throughout. In 1912 the membership comprised 24,400 individual physicians. The 'Medical Bulletin and Advertiser' is the official organ.

Through the tangible success of the league, the medical fraternity has attained a knowledge of the necessity, moral justification and practical feasibility of self-help through the economic organization of our profession. The knowledge has led to the voluntary employment of valuable energy, applied individually and co-operatively, in the most various of economic and vocational interests. As a consequence, respect for the profession has grown, both within itself and among the laity, and all affected circles reckon to-day with the economic organization as the appointed representative of the physician's interests and as a powerful support to each individual member.

Such are a few of the results that have been accomplished in a short time by this league of physicians organized as a sort of trade union for self-protection. But in my opinion this organization does not go far enough, and I would like to see more done; for instance, in the discussion of scientific medical questions, the establishment of a publicity bureau, etc.

We cannot help but draw a powerful lesson from the trade unions if we are open-minded on the subject. Mere shrugging of shoulders at the mention of trade unionism gets us nowhere, and the present deplorable state of the profession is the result of this hypocritical attitude on the part of the members. Instead of lowering professional dignity, as some men fear, the adoption of a trade union principle will give the professional man a chance to maintain some dignity by improving his economic condition, and incidentally it will remove the medical man's excuse for performing criminal and unnecessary operations and resorting to questionable practices generally. It is interesting to note that the Associated Actors and Artists of America decided in August, 1919, to join the American Federation of Labor. The strong action of the affiliated society, the Actors' Equity Association, in enforcing what it considered to be the rights of its members, will be readily recalled.

Fifty years ago organized labor was practically unknown in this country. To-day its power is so great even politically that it takes the highest courage and an absolute certainty that he is in the right for a man to oppose it. The passage of the Railroad bill by Congress in 1917 in the space of a few hours is an illustration of its power, the forcing of the assumption by the government of the telegraph and telephone lines is another. Organization gave labor this power. Unorganized, the men could do nothing. Organized, they have improved their economic condition fifty, sixty and even one hundred per cent. in certain cases, and with this economic improvement the men have also won social and political standing which they did not dream of possessing before.

Medical men, however, in spite of their organization, have accomplished nothing. They are to-day in the same rut in which they found themselves fifty and

even a hundred years ago. And this is because the organization did not look after the economic side of medicine, but concentrated its attention only upon the scientific side of the profession—except so far as the cliques themselves were concerned with their own pecuniary interests.

Commerce to-day has gained the position of being one of the most important callings in the world. It is acknowledged to be the very life of the nation. Yet at one time the people who attended to such affairs were looked down upon.

But medicine is still stagnant. Democratization will alter that. And the first condition of democracy in medicine, as anywhere else, is effective personal freedom. The profession has suffered so many encroachments during past years that it is necessary to reiterate that all restrictions on freedom of speech, freedom of publication, freedom of idea and freedom of action must be abolished. Every individual has the right to work out his future in his own way, providing he does not interfere with the exercise of a like right by other individuals. There must be equality of right and equality of opportunity for all.

The following extract from the 'Medical Record,' March 8, 1919, though rather long, is sufficiently interesting, I think, to be quoted, as it shows what is going on in medical circles in England. There is a spirit of unrest there as here, and a widespread demand for reorganization on a democratic basis. The italics are mine.

'THE MEDICAL PROFESSION AND TRADE UNION TACTICS

'A curious meeting of the medical profession took place at Wigmore Hall, Wigmore Street, London, on Sunday last. . . . The meeting had its origin in the very natural feeling of anxiety as to what the pros-

pects of the medical profession were to be under the new Ministry of Health. The questions at the bottom of professional unrest are something like the following: Will a state service of medicine be constituted under the Ministry of Health, and if so, what will be the prospects of the general practitioner? Will the obvious state services (that is to say, the medical services of the Local Government Board, the Board of Education, the Foreign Office, the Statistical Bureau at Somerset House, and so on) be co-ordinated into one homogeneous service, leaving the hospitals and their medical officers on one side, and the general practitioners of the country on the other, free to pursue individual careers? Or will the state service also undertake to nationalize the hospitals and affiliate general practice to the nationalized hospitals? In the case of the state taking part in the direct conduct and payment of the medical profession as a whole, what guarantees have the medical profession that the conditions of service and the payments therefor will be satisfactory? This is where, particularly, the shoe pinches, because under the National Insurance Act a third of the medical profession in England and Scotland, comprising probably more than half the general practitioners of these districts, did become, as panel doctors, more or less state servants, and have not expressed themselves as universally satisfied with their new plight. Some general practitioners frankly own that their incomes are larger and more secure than they ever were under the old club system, where every man dispensed his own charity and selected for himself what cases he would see at low rates. Other medical men declare that as medical officers to their own clubs, choosing their own patients with some regard as to who should and who should not be an object of charity, their lives were easier and their balance sheets handsomer. These two divisions of general practition-

ers are in sharp opposition on matters of fact. The position of the British Medical Association somewhat complicates affairs. The Association represents one half of the medical practitioners of the country, and includes within that half men of all ways of thinking, though for the most part those who are opposed to panel practice are opposed to the policy of the Association, which at the time of the passing of the act made panel practice a possibility.

'The meeting at Wigmore Hall was primarily called by practitioners opposed to panel practice, but it was made the occasion of a general debate, with all the circumstances just sketched present to the minds of the speakers. There were two resolutions only, and the first ran as follows: "In view of the prospective legislation and the proposed establishment of a Ministry of Health, and having regard to the experience of the medical profession at the time of the passing of the National Insurance Acts, *the time has arrived when a body representative of the whole profession should be established to watch its interests* and be prepared to act in an advisory capacity as occasion demands."

'This resolution was powerfully opposed, not by any amendment, but by a demand for a directly contrary vote, the demand coming from the British Medical Association. The representatives of the Association declared that in the Association exactly such a representative body could be found, and that it would be a waste of time to institute a new representative body, the better policy being for all medical men to sink their differences, and, by joining the British Medical Association, make it the centre whence the common decisions of the profession would emerge. Most of the speeches were destructive of the claim of the Association to be representative, and in the end the resolution was carried by 102 votes to 93.

'A second resolution was then proposed in the fol-

lowing terms: "That a provisional committee be now formed with the object of securing the election of such a body," and, having been duly seconded, was made the subject of two directly varying amendments. The first amendment ran as follows: "That this meeting of the medical profession, in view of the urgency arising from contemplated legislation, approves the recognition of the Medical Parliamentary Committee as the provisional committee to be intrusted with the task of drawing up the constitution of a body to develop along the lines indicated by the first resolution."

This amendment received considerable support, but on going to division was negatived by 105 to 87. The weak spot in the advocacy of the Parliamentary Medical Committee was that that committee had a non-democratic origin, while *the avowed object of the meeting was to institute a body which should be representative on democratic lines of every shade of opinion and feeling in the profession.* The Medical Parliamentary Committee has come far nearer representing all shades of opinion than any other body that has ever been created within the profession, but its constitution was criticized from the beginning as though it were a self-selected body. The criticism is not fair, because the meeting which called the committee into being had originally the support of the British Medical Association, as well as numerous other medical bodies, the representatives of those bodies being themselves for the most part members of the Royal Colleges. The authorities of the Royal Colleges, however, stood aloof, and later on the British Medical Association took up a policy of frank opposition to the Medical Parliamentary Committee on the ground that that committee was trespassing on the domain which had already been chalked out for its own activities by the Association. Those advocating the adoption of the Medical Parliamentary Committee as just such a body as

was postulated by the first resolution, admitted that the committee was not yet representative, but gave to the audience good reasons for supposing that amendments in all the desired directions could be achieved and would be welcomed. The probability is that the amendment would have met with success if it had come on earlier in the afternoon. . . .

'After the failure of the amendment proposing to erect the Medical Parliamentary Committee into a representative body of the profession, a second amendment to the second resolution was proposed: "That in the opinion of this meeting no committee or organization is effectively representing the interests of the profession unless *it is a registered medical trade union.*"

'This amendment was supported by some extraordinarily vigorous speaking, in the course of which it was pointed out that the most effective weapon of the trade union is the strike, and that no medical man could contemplate with equanimity the public circumstances in the event of a medical strike. Even this, however, was contradicted by one section of the meeting, which replied with a whole-hearted determination to strike should that be the only way to obtain the terms which they considered just. The amendment was lost by two votes, the numbers being 73 to 71, when the losers immediately insisted upon a recount. This placed the chairman of the meeting in an embarrassing situation, because already some who had voted had left the hall. He came to the decision—which was strongly supported by many in the hall—that the recount would be impossible. But the losers of the amendment refused to pay any attention to his ruling as chairman, whereupon the meeting broke up in disorder. If the object of the meeting was to impress the government, now on the point of initiating medical legislation, it failed in a lamentable manner. *The meeting by a substantial majority declared itself in*

favor of the institution of a representative body, but failed to pass a second resolution defining that body.'

THE NEW PLATFORM

A satisfactory status can be gained for the profession only by the elimination of the various faults I have mentioned and by new, constructive work on the lines that I have indicated. The first step will have to be the adoption of a definite platform, a platform of progress, of practicability, of unification and of fraternity. This platform will have to include the opening of the hospitals to all licentiates of medicine; it will have to provide for a compulsory interneship; for licensing of specialists; for the placing of graduates in communities and positions where they may be assured of a satisfactory income; for freedom of publicity, and the aid of advertising men of experience; for the adoption of a universal language for the exchange of medical ideas, of a universal license to practise, and of the West Point idea in medicine; it will have to provide for insurance, a loan and death benefit fund; for the capitalization of Medical Service Centres, and a thousand other features now neglected by the medical organization. The basis of the new platform will have to be democracy, and a return to the autocratic conditions of to-day must be rendered forever impossible.

Only with the adoption of such a platform will a new day dawn in medicine, and the future present an outlook that will make it possible for the individual practitioner and the profession at large to give the best that is in them.

XI

THE MEDICINE OF THE FUTURE

IN Chapter IV, I called attention to many fields in which the young man can make his mark and his fortune, fields that have yet been only imperfectly cultivated and which should be the province of the medical man, and his only, although others, wiser in their generation than the physician, have taken the work over in some degree as they saw their opportunity. Amongst the most important of these fields is preventive medicine.

The physician must be an educator. His business is not merely to heal the sick or alleviate suffering. He has to show the people how to avoid disease.

Dr. Philip Zenner writes, in 'Mind Cure and Other Essays':

'Medicine to-day is more distinctively preventive medicine than in any period of its past history. The conquest of epidemics, the lessening of disease and death, have been almost marvellous.

'But notwithstanding all these achievements, it is believed that one half of the disease that still occurs is preventable, that the knowledge and means of prevention are at hand. That we have all this unnecessary sickness and suffering, and all this holocaust of death, is largely due to popular error and ignorance.'

In the first place, the public should be given, as far as practicable, a proper understanding of our work and progress, our purposes and aims; of their own needs, and our ability to supply them. We owe it to the great science which we represent, to be frank and open in all our dealings with others, showing always

a cheerful spirit and carrying the comfort that goes with it. As Dr. W. S. Thayer says: 'The physician has no higher public duties than the duty of the avoidance of mystery in medicine, and the duty as family adviser. Towards his patients I know of no more vital duty than the duty of optimism. There must be, however, a respective and intelligent co-operation between the people and the medical profession. It is in this way only that we gather strength to direct and cure in the successful operative measures for the betterment of the health of the people.'

Dr. H. D. Burrell emphasizes the following agencies by which the people should be educated in medicine: First, judiciously edited newspaper articles, authorized by a responsible board of medical men; second, magazine articles written by skilled lay-writers, but inspired by medical men of knowledge and discretion; third, free public lectures by men who are authorities in their subjects; fourth, individual teaching by the family physician. The last is the most potent of all.

Dr. Henry Hopkins, of Williams College, wrote some years ago: 'Medical science is to-day as never before a recognized ally of all that is best in human life.' But though that recognition is clear and positive, and all the old distrust evoked by the ignorance and affectations of the primitive medicine man has died away, there has been no formulation on the part of the profession of its conception of its duties and whole sphere of action, and there has been no simple, but systematic education of the general public as to the details of what it can gain, and what in return it must give for that gain in the way of intelligent co-operation.

I quote from Dr. Hopkins again:

'There is the sensation of being just on the borders of a great disclosure, while as yet all at this moment sleep; of a new reign, of a world just going to break

forth into life. It is all astir as of something coming; all the sound of trumpets; all the preparation of an era; all the breaking of a day.'

Many people have been growing increasingly aware of that sensation. They have felt, as their forerunners felt in different eras of the development of our little planet, that from flux and transition progress must emerge; that though action and reaction must go on perpetually, the long succession of little moments leads at last to a greater moment, when there is a vital consciousness that indeed 'the old order changeth, yielding place to new.' Hopes founded on a too generous optimism may miss their fruition, as they have done so often before; enthusiasm may fade when faced with a drearier reality than imagination had expected. In place of a millennium, there may be merely the passing of a milestone on the long highway of history. Once more, after commotions and convulsions, the old apothegm may have to be written: 'Parturiunt montes: nascetur ridiculus mus.'

Yet it is good to hope for the best, and to work for the fulfilment of that hope. It is good to have confidence in the happier ordering of events, though confidence may sometimes have proved premature. It is good indeed to work for an ideal, and see it gradually interfused with the substance of the real. If we forget that the main thing in life is to live fully, if the universe of thought and action which we have constituted for ourselves is an imperfect one, we may indeed drift, with an impression of self-content, down that easier way which seems to involve no friction; but we are not without occasional pricks of conscience. We realize the difference between what might have been and what we have allowed to be.

'Just when we are safest, there's a sunset touch,
A fancy from a flower-bell, some one's death,

A chorus ending from Euripides,
And that's enough for fifty hopes and fears,
As old and new at once as nature's self,
To rap and knock and enter in our soul.'*

Man, complex and self-questioning, is not satisfied with failure, though he alone may know the truth of the matter. He cannot really reconcile himself to the second best, when his mind has formed an image of the best. He must go on and forward: the goal of to-day is the starting point for to-morrow. 'He who casts on any set of duties the shadow of the second best . . . does more to influence the moral ideal than he who succeeds in passing a new law.' † Statutes, indeed, are but fragile restraints unless they rest on secure grounds of reason; but the thought, the unwritten code, the ideals of a nation, have an authority that needs no police for its enforcement.

That 'shadow of the second best,' that rightful stigma resting on anything, good as it may be, which falls short of the highest we can reach, in actuality and not in dreams alone, is a reproof to be thankful for. We may sometimes—often—have to be content with less than a full measure of achievement. We may have to leave a task unfinished, a vision unrealized, and call what has already been done a day's work, or a lifetime's work. That is where the practical limits of action must be quietly accepted. But though we need not aim at the stars, and be disappointed when the shaft falls short, we must not aim at anything less than we can fairly reach, with fair fortune. We must attempt the best, and attempt it resolutely. Then, whatever may happen, we are not touched by that 'shadow of the second best' which falls upon each standard that is lower than it might be.

* Browning: 'Bishop Blougram's Apology.'
† Miss Wedgwood: 'The Moral Ideal.'

It rests with the medical profession, then, to see what its aims should be; and, having seen, to be satisfied with no lazy, disorderly, desultory ways of achieving them. The whole scope of medicine should be realized and defined, with the whole duty and responsibility of the medical man. But discussion, however useful, must not be regarded as an end in itself. It is a beginning merely. It clarifies the situation so that purposive action can be taken.

If we are to find in reality a new era, and not the familiar disappointing results after brief ferment, we must perform our share of the essential work, as the political and commercial worlds must perform theirs. It would seem strange if the Great War should not indeed be followed by a greater peace, because a more fruitful peace, than we have known before. But whatever may be the fate of plans for international reconstruction and regeneration, whether the work of congresses and committees seems permanent or illusory, we need not let our own reorganization depend upon the operation of a league of nations or the final acceptance of new principles of world government. The reconstruction of the medical profession, though it might fittingly come with the new era and its searchings and strivings, is none the less distinctly overdue. It should have come before the close of the era which has brought such marvellous developments in every branch of human activity. It is a short time since man invented wings. It is only a few years since he was admiring himself for flying over the English Channel. Now he has flown over the Atlantic, and in a little while he will be doing it regularly, and, as Lord Northcliffe says, the London morning newspapers will be in New York the same evening (allowing for the difference in time) and the New York papers will be cheering Americans in Paris and London the next day.

The spirit of the new era is one of fulfilment. The

dreams of yesterday are the realities of to-day. What was considered impossible by our fathers has not only been done, but transcended. Actual achievements, in the face of old incredulity, require that the attitude of the mind should be one of receptiveness to new truths. Such an attitude, for many doctors, would mean emancipation from a large part of their training. They need this release from outworn restrictions.

There is demanded also, in our profession as in other professions, the pursuance of our life work for the sake of the truth that we have seen and accepted. We need fidelity to an ideal, and fidelity to simple facts. There has been in our own time, and especially in the last few years, a notable putting away of the 'idols of the human mind for the ideas of the divine mind.' We have been discarding, in the words of Bacon, certain fictions of the imagination 'for the real stamp and impression of created objects as they are found in nature.' We have been getting down, or up, to the essential truth, both in the things seen and in the conclusions that we draw from them. We must continue in that course whole-heartedly, not trying to adapt theory to a faulty practice, or practice to a vicious theory; but insisting that truth—the whole truth, so far as we may know it, and nothing but the truth—shall be the only measure of both theory and practice.

I have already referred to many features involved in the necessary reorganization of our profession. I have pointed out the various ways in which the progressive practitioner has been the pioneer of the profession. In his insistence upon efficiency, he has introduced order and method in the place of indifference and casualness. He has modernized what was still in many respects a mediæval institution. He has applied common sense to the solution of human problems. He has followed the truth as he has seen it, in the little things and the larger things. He has tried to make

to-day better than yesterday, for himself and for humanity. And he has been looking forward also, that to-morrow may be better than to-day. He has been shaping his conception of the medicine of the future.

There can be no doubt that that medicine must be along the lines of preventive and not mainly of remedial service. It must deal with the causes of diseases as they attack society,—the community or the state,—rather than with the individual. If civilized society is to endure constantly new exposures and dangers, the work of preventing approaching disease must be taken up on a scale and with a thoroughness not hitherto approached. The profession must recognize that health is eminently a social product, just as psychologists have recognized that the mind of a civilized man is a social product. It must readjust its mental attitude and reconsider its methods and their application. It must think and work, plan and fulfil, in a far more comprehensive way than it has done before.

Not long ago there was a very interesting statement, in this connection, in the morning papers. It was announced by Mrs. Charles L. Tiffany, one of the three executives of the National Social Unit Organization, that the Hon. Franklin K. Lane, Secretary of the Interior, had accepted the leadership in a movement to solve the problem of how to organize communities so that every citizen may take part in community programmes and the people as a whole may be drawn into continuous relationship with the experts.

Mr. Lane, as chairman of the Field Division of the Council of National Defence, headed the first nation-wide movement to organize the people by small units.

The National Social Unit Organization was created in New York in 1916, 'to hasten the coming of a democracy, both genuine and efficient, by building up on a basis of population units an organization through

which the people can study their own needs and can utilize the services of technically skilled groups in formulating and carrying out programmes to meet those needs.'

Among those who are assisting in the experiment are Raymond Fosdick, Felix Frankfurter, Dr. Franklin H. Martin, Mrs. Willard D. Straight, Dr. William H. Welch, Thomas L. Chadbourne, Edwin F. Gay, Ella Phillips Crandall, Porter Lee, John P. Frey, Rowland Haynes, Mrs. V. Everit Macy, Professor R. E. Chaddock, and Mrs. Daniel Guggenheim.

Experiment has been made in Cincinnati. The controlling democratic body organized as a whole in the social area in Cincinnati is composed of two houses—a popular chamber, called the Citizens' Council, consisting of one representative democratically elected from each of thirty-one blocks, comprising approximately 100 families or 500 persons each, and a skilled chamber, called the Occupational Council, consisting of one representative democratically elected by each of nine technically skilled groups. These groups include at present the physicians of the district, social workers, teachers, recreational workers, ministers, business men, trade unionists, and those interested in publicity. The extension of this group representation is proceeding steadily as new types of skill are needed in the practical services undertaken by the community.

Each member of the popular chamber is the executive of a block council, and each member of the skilled chamber is the executive of a group council. The executive of the skilled chamber, the executive of the popular chamber, and the general executive elected by both houses, constitute a committee of executives similar to a commission form of government in municipalities.

During the last year the organization has concentrated its attention on the problem of public health,

broadly conceived as embracing the needs of people for medical and nursing care, recreation, good housing, etc., and, it is said, has demonstrated its ability in these respects:

'To convey within a few hours to each man, woman and child in the district, by word of mouth, information of importance to them.

'To assemble in behalf and at the behest of the people in the district complete and continuously corrected data concerning social and community needs in which they are vitally interested.

'To render continuously available for the whole community the service of the entire membership of the skilled groups, such as doctors and nurses engaged in preventing sickness and distress.

'To plan and carry out its work democratically and without outside interference, and yet to avail itself of the highest skill in the nation by calling for assistance upon national advisory councils created for this purpose.'

At about the same time, a meeting was held to protest against the action of Dr. Royal S. Copeland, Health Commissioner of New York, in removing the Division of Industrial Hygiene from the Bureau of Preventable Diseases. Dr. Louis I. Harris, chairman of the Division of Industrial Hygiene, spoke of the urgency of continuing the work of his department.

'Ours was a preventive bureau,' said Dr. Harris, 'and the work of prevention is, even at this time, of the greatest importance. By our investigations in the factories and other places of employment, we were enabled to better the conditions of the workers. In times of epidemics, such a bureau is of inestimable value, and if deplorable hygienic conditions do exist it is an indictment against those who do not see the necessity for their prevention.'

Thomas J. Curtis of the State Industrial Commis-

sion read a letter written by Governor Smith while he was still president of the Board of Aldermen, telling Dr. Harris of his appreciation of the necessity of the work of the Bureau of Industrial Hygiene, and promising the co-operation of state agencies.

Another news item says that the New York State Reconstruction Commission, in its report to Governor Smith, recommends compulsory health insurance as a foremost 'measure of essential and enforceable health protection.' The Committee on Health conducted investigations and held several public hearings on the subject.

'It is fundamental in the industrial and social life of the community,' says the report, 'that we have physically able and healthy citizens. There cannot be adequate industrial production when people are suffering from the thousand minor and major ills, many of which can be prevented if adequate provisions are made for proper medical care of workers.'

I will quote here from an editorial in the New York 'Tribune,' June 18, 1919:

'Time was when courts, police forces, highways, parks, schools and even armies were privately owned and managed. These activities have been successively taken over by the public, and few would go back. The latest annexation from the private field is in the workmen's compensation act, covering industrial accidents. Compulsory health insurance applies a similar principle to disease loss that we have applied to accident loss.

'We had no fall of the death rate until the public supplied water, and we are not likely to have a fall of the disease rate without a system of preventive personal examination and treatment which comes as an incident to properly ordered health insurance. The dentists have educated us to bi-yearly teeth examination, but we drive our body machine with scarcely a look-

over until it breaks. Co-operation might perform the function, but it makes little progress. In the meantime the annual bill is heavy.'

Here is one more interesting clipping:

'World-wide plans for an international health campaign were told of by Chairman Henry P. Davison, of the board of governors of the League of Red Cross Societies. It is recognized by the principal powers, and its articles are approved in Article XVI of the covenant of the League of Nations. Mr. Davison explained its purposes as follows:

' "To encourage and promote in every country of the world the establishment and development of a duly authorized voluntary Red Cross organization, having as purposes the improvement of health, the prevention of disease and the mitigation of suffering throughout the world. . . .

' "It is to be understood that it is not the thought that the national Red Cross societies themselves should have the responsibility of the actual work of safeguarding and improving the public health, but that they should stimulate and encourage the natural agencies for such work within their respective countries, including the department of health of the governments, or in cases where such departments do not exist, that they should endeavor to create a public sentiment for the establishment of such departments.

' "The League of Red Cross Societies supplements the work of the Red Cross of Geneva, acting in entire harmony with its international committee. The league in no way supersedes or conflicts with the activities of national societies, but, on the contrary, puts at their disposal the latest knowledge and approved practices of the experts in public health and preventive medicine throughout the world. One of its important and probably immediate functions will be to co-ordinate relief

work in combatting pestilence, such as typhus, which is now raging in central Europe.

'"A private fund sufficient to carry the central headquarters on for two or three years has been raised. When the countries come in, a *pro rata* assessment will be made on the governments. Each country, however, is supposed to care for its own people, unless epidemics compel them to call for help outside."'

All this shows an awakening. It means experiment, action, and the co-operation of leading men in nation and state. It should be an encouragement to the medical profession to set about its own urgent task of thorough reorganization and development.

We are evidently beginning to realize that, as Dr. Arthur Dean Bevan, of Chicago, wrote in his article 'Medicine a Function of the State,' (J. A. M. A., March 14, 1914):

'Medicine has become not only a function of the state, but also one of the most important functions of the state. The time has come when the medical profession should no longer look to private endowment, but to the state, for the support of medical education and research. In the interest of the people we should demand adequate state support for medicine, in order that medicine may in turn properly perform its great function to the state, and that the people may benefit from the great possibilities offered by preventive medicine, intelligent medical practice and medical research.'

Already, as Professor Harvey Cushing has remarked, 'Medicine is no longer, even as a practising profession, looked upon as uncommunicative consulting in the back room, as though it had something to conceal from patient or family; for in the particular case the family, and in the general case the public, are not only awakened, but are sincerely interested and informed to come into an open consultation and to share in the struggle against disease.'

It is assuredly not right and politic now, if it ever were so, that medical knowledge should be the exclusive possession of the medical profession. Most of the ills which afflict humanity are the result of ignorance rather than of natural depravity or evil intentions. Knowledge does not necessarily confer good will, but without it good will must remain feeble and ineffectual. Ignorance must be replaced by growing intelligence. The highly trained medical man, sure of his plans and purpose, must have the co-operation of a highly trained public. That is an essential condition of the medicine of the future. As Dr. A. L. Soresi says: 'There will never be real preventive medicine, not even in respect to infectious diseases, if the medical profession is left alone in the fight. The only way to attain it is to have the co-operation of every intelligent person. Everyone should know what diseases are and how to fight them. People should be taught to study medical questions just as they are taught to read or write.'

Medicine, as a universal agent for human service, is in a position quite unique. It has within its own ranks certain differences of doctrine and practice, for on many subjects science is not yet convinced, much less infallible. But the profession knows no barriers of race, creed, color or language. Its field of action is co-extensive with the field of life. Its reference is to one authority—exact science. It has one object—the discovery of truth and the relief of human suffering. The apparent duality here is not real; for each step in the defeat of disease is simply a step in the unfolding of truth. But the first step, and a long one, should surely be to organize the systematic teaching of the whole population, that they may know how diseases are caused and what are the corresponding means of prevention. From childhood onward the methods and advantages of prevention should be taught. A community standard of hygiene should be established.

'I take it,' said Huxley, 'that the whole object of education is in the first place to train the faculties of the young in such a manner as to give their possessors the best chance to be happy and useful in their generation, and in the second place to furnish them with the most important portions of what makes the capitalized experience of the human race.'

Each year there should be a health week, or health month, during which attention would be especially directed to hygiene and the prevention of disease. Every man, woman and child should visit the physician, unless they already have the habit and a fixed periodical date. The teachers in the schools should take up the matter. On Health Sunday, sermons should be preached about it. There should be continued educational propaganda. This would not only, with a low fee, bring in millions to the profession, but it would prevent millions of cases of illness or disease.

Dr. H. De Carle Woodcock, in his book 'The Doctor and the People,' writes:

'Can we bring to the poor the health opportunities of the rich? I suppose we cannot, but we can certainly lessen the disparity. If we cannot alter the social conditions, we could at least, if we had the necessary encouragement, lessen the disgraceful death-rate. Let me take a case of diphtheria. If we are called in to see a child suffering from this disease, we are anxious to know the day on which the patient began to be ill. We know we can cure 95 per cent. of the patients with diphtheria if we are in the house on the first day. But we are not called in during the first day, and I don't think we can expect it. The signs and symptoms come on insidiously, and the parents do not recognize the gravity of these signs and symptoms. But if, whenever diphtheria shows itself in a neighborhood, every house and every inmate likely to be affected were examined, and the clinical and bacteriological signs

searched for, many cases would be found on the first day instead of the fifth, the death-rate in those attacked would be a very different affair, and the disease could not spread, for the infected person would be hurried away into isolation.

'But though we can cure our individual cases of diphtheria by antitoxin and prevent the spread of the disease, this should not be enough. We do not lessen the appearance of fresh cases: we hit the bird on the wing, but we do not discover the breeding nests. We ought to find out what the disease really is, its relationship with other diseases, its hiding-place when it has no human host, and the cause of its habit of rapidly increasing in virulence. There is plenty of work for the investigators, among whom one of the most valuable is the well-trained general practitioner, a master of the science needed to detect and to fight disease. He should, of course, be allowed to call for the services of the various experts in bacteriology and other branches of research, experts to whom he can apply and with whom he can work.'

As I have repeatedly urged, people should be taught to come to their physician for a regular conference. They would begin by gaining confidence and would pass on to a sense of comradeship, a feeling of security, guidance, protection.

The physician himself would naturally take up intensively the study and cultivation of natural immunity or resistance, to which so little really scientific attention has yet been given. He would become more usefully observant, and would weigh whatever good he might find in the experience of others. The profession has been too contemptuous of movements and methods which it has not taken pains to comprehend. When medicine accepts the whole responsibility which rests upon it, when it covers the whole field which it should possess, when it is prepared to deal with the

remote causes of physical imperfection as well as with the obvious diseases, then, and then only, can it begin to feel satisfied with itself and its functions, and then only will society, hygienized and vital, begin to recognize the full possibilities of life.

Mr. H. Addington Bruce, in an article in the New York 'Globe,' sums up the simpler features of the new order:

'There is a really brilliant future for the family doctor in the way of preventing disease.

'He will be increasingly consulted—he is certain to be consulted—about matters concerning which to-day a physician's advice is seldom asked.

'When a new house is to be built, his services will be in demand for suggestions as to the most hygienic kitchen requirements, the most hygienic modes of heating, lighting, ventilating, etc.

'Families will regularly visit him for health examination. He will be called upon to prescribe special upbuilding measures when the examinations reveal any tendencies to organic weakness.

'The hygiene of clothing will come within his province. It will no longer be thought either hygienic or prudent to follow blindly the dictates of fashion in dress.

'More than this, the family doctor of to-morrow will be expected to assist in the training and education of his patients' children from infancy through adolescence.

'Parents in increasing numbers are awakening to the truth that sullenness, jealousy, irritability and stupidity in children are proper matters for medical attention.

'Also as the children grow older, the physician will be called upon to help them to find their right vocations in life.'

THE TRUE PRACTICE OF MEDICINE

When the general practitioner becomes the practitioner of preventive medicine, the happiness of the human family will be considerably augmented. The advice hitherto given only by the lawyers has generally taken away felicity from the home. The advice to be given by the physician will restore it.

The exclusiveness and dictatorialness of the former medical man have passed. The true physician is no longer more concerned with a false conception of his dignity than with a true conception of his duty. He is no longer interested in deluding the people with any form of pretentious humbug. He is interested in enlightening them. He is no longer inclined to imitate in his generation the mummeries of a tribal medicine man. He has enlarged his ideas, and is the medicine man of the world.

He will take up, among other things, the whole question of sex, in its coarser and finer manifestations. He will study the sexual drunkenness of a large part of the profession itself, and will see that the physician must indeed heal himself if he would heal others. He will bring his new social science to the solution of the social evil, and incidentally will do away with much well-meant but indiscreet activity on the part of reformers who are blessed with more zeal than knowledge. There will be no conspiracy of silence, but there will also be no conspicuous display of ignorance dressed in a little brief authority.

It is just as well to remember that, according to the statement of Surgeon General Rupert Blue, of the United States Public Health Service, more than sixty per cent. of males are infected with venereal disease. Dr. Royal S. Copeland, Commissioner of Health of New York City, was associated with Surgeon General Blue recently in drawing public attention to this fact

and others relating to the same subject, in display advertisements in the newspapers. All credit to them for such a step towards the education and enlightenment of the people! But one cannot help wondering why, when the United States Government so definitely endorses publicity in the cause of educational medical work, the ethicalist association still preserves its supercilious attitude.

Well, a short time will bring many changes. Psychology will keep pace with physiology. The physician will take up the study of impertinence, discourtesy, vulgarity; the cure of obstinacy; the correction of wrong habits of body and of mind; the prevention of round shoulders, slovenliness, careless carriage; the cultivation of mental concentration and the increased power of application; the creation of a desire for personal development, for clean speech and clear ideas; the control of fickleness, envy, partiality; and so on with a hundred subjects, which have not yet been approached seriously and practically by the profession.

The specialists of the future will spend much less time in making a drug store of the stomach, and much more in the prevention of worry, the cultivation of poise, the development of the sense of responsibility in the human mind. They will steadily eliminate the various forms of viciousness and foster the qualities that make man tolerable as a social animal. They will minimize quarrelsomeness, selfishness, insolence: they will go to the roots of fear, self-reliance, distrust, confidence; of melancholy, hypocrisy, conceit, sorrow.

This, in all its natural developments, is the true practice of medicine, and in it lies the future greatness of the profession.

There is much for us to do in the world. Let us do it as well as we can, availing ourselves of modern methods where they are better than the old. Let us keep the ideals of our youth as the continuing sustain-

ing force of our professional life, but let us learn also from the lessons of experience, and so make the service to which we give ourselves a complete service, in the fulfilment of which a man may find content.

XII

SCIENTIFIC MEDICINE AND THE CULTS

WHATEVER my own opinion may be of the various cults and their influence on the community, I cannot help, in the spirit of fair play, giving them credit wherever credit is due, reserving at the same time my right to criticise them for their shortcomings.

Everyone who has observed and studied the progress of the different cults in the last decade has been struck by the rapidity of their growth and the immense number of followers they have been able to muster. The reason for their strength is obvious to all except the most narrowminded in the medical profession. Christian Science, for example, is a system of conduct, not of medicine or religion only. The joy of life—through the health and mental poise that make life worth living—may be called its keynote. Such a society considers the feelings of human beings, the value of rational optimism. It knows the power of suggestion. It would not, as some of our hospitals do, dismiss anyone whom it had treated in such a way as to convey the feeling that a man of forty-six should be chloroformed. It tries to inculcate faith in the individual, to develop the sense of human power and self-control. It is not content with physical results only. It wants also the correlated spiritual results.

In other walks of life where competition is keen, the competitors study each others' methods with a view to ascertaining the reasons for success or failure. But not so with the medical fraternity. Deluding themselves, as they do, they are banal enough to be-

lieve that the mere condemnation of the cults by the regular practitioners should be enough to cause the former to fail in their enterprise.

The fact that they have succeeded and continue to grow in spite of medical opposition should make the profession realize that if humanity is to be saved from the eccentricities of these unscientific practitioners, more than passive condemnation is necessary. It is the attitude of the profession that is largely responsible for the success of the cults. The greater part of the public ascribes the formless, tepid opposition of the profession to mere self-interest, to the desire to offset the competition caused by these sects.

The profession has not yet studied the causes of the constant increase in the number of people turning to the Christian Scientists, the hydropaths, the chiropractors, the osteopaths, and the various other cults for the relief of physical and psychical disorders. Not all the people who resort to these cultists are fools or faddists: if they continue their patronage, there must be something in the theory or practice which gives them relief. I have personally investigated these various forms of treatment, to determine so far as I could what value they had; and I have found that there are many things extremely worth while in the different systems, things which I have adapted to my own practice when occasion required. That there are many errors and even absurdities current among the cultists need not prevent us from admitting the value of some of their processes. As Sir William Ramsay said: 'The distinction between twentieth century and nineteenth century science is that the former scientists thought they knew it all, and now they are beginning to realize that they are only on the threshold of knowledge.' Those who are really progressive must stand ready at any time to change their minds, even if in doing so they find loss in friends or fortune. Understanding comes

through unselfish investigation. Truth cannot be revealed to a mind that wilfully brings preconceptions to the investigation.

So long ago as 1902, Dr. R. Osgood Mason, of New York, wrote in the 'Medical Record':

'It is admitted that the mind does exercise a decided influence upon the various organs of the body and upon their functions. . . . What, then, is the limit of its power? Is it effective under all circumstances? Is such power available for therapeutic purposes? Is it worth the time of the scientific physician to investigate these subjects, or must he content himself with the materia medica? . . . That depends upon the man. Some men are so constituted that it is *impossible for them to believe anything that contravenes or contradicts anything that they have been accustomed to believe.* There were a great many scientific men in Galileo's time who did not believe that the earth moved —because their science did not so teach. The scientists of London did not believe that Franklin had drawn electricity from a thunder cloud—their science had not so taught, and they roared with laughter that such a thing should be seriously broached in meeting; but it is now a part of science—and several other things regarding electricity which were not science then.'

Dr. Mason's conclusion was:

'At all events psychic therapeutics has come to stay. Quacks, metaphysical healers and Christian Scientists make bungling use of the principles involved and yet make cures; and for physicians to stick their heads in the sand and say they can't see them does not alter the facts. It is for them to open their eyes and see the facts as they are, and show that by these principles, applied with the knowledge and skill which the physician possesses, along with the other means at his command, manifold better results are attained, and

without the mental stultification which their philosophy entails.'

SEVEN REASONS FOR SUCCESS

A study of the question shows that there are just about seven reasons for the success of the cults.

The first and prime reason is advertising. I have made references here and there throughout this book to the excellent advertising done by the Christian Scientists. With a central office in Boston, and with one book and one woman to advertise; with a unified organization to plan and control the publicity work; with the Wednesday night testimonial meetings in all the churches and centres; with the publication of newspapers, magazines, books, etc., to foster the development of the movement, and especially with the lack of unified effort on the part of the medical profession, it is not difficult to understand their phenomenal success.

Immediately the question will rise in the minds of many readers: 'Well, what active steps can be taken by the profession to offset their success?' This I am ready to answer. In the first place, let the profession engage professional advertising men, men who have made a study of the whole subject, and let them survey the situation carefully. Then let them plan a campaign of medical education and give them the necessary funds and co-operation. In all the periodicals and newspapers, articles should appear telling the people more about medical education, medical progress, the soundness of medical theory and practice, the nature of the human body. Let the public be increasingly informed about health and disease—more especially about health than disease. They should be told more about prevention and prophylaxis; about the germ theory of disease; about the necessity for periodic medical examination; how to discern be-

tween good and bad medical service; why not to consult fortune tellers, cultists and unqualified healers; where the cults fail to do good and how they are limited in their sphere of healing as compared with the sphere open to medical men. Advise the people of specific cases where the Christian Scientists or others have failed to effect cures, etc.

So much for the profession at large. Then permit each practitioner to advertise individually if he wants to do so, telling the people who he is, where he graduated, what he can do to relieve their sufferings, and where and when he can do it.

Next let community groups, that is to say, the seven, ten or more medical men in the district or section, organize meetings in which their patients may come together not only to hear medical truths, but to discuss their own experiences, so that those who have not been under medical treatment may realize the practical and most important benefits to be derived from prophylactic treatment, from placing themselves in the hands of scientific professional men. And so on. Counteract the publicity of the cults by medical publicity. That is the first phase and the first step in the right direction.

Especially valuable would it be to start the propaganda now, when the memories and lessons of the war are still vivid. The battlefield, the war hospital, is no place for dilettanti, for amateurs, for would-be doctors and surgeons. Only the real doctor, the real surgeon need apply. A shrapnel splinter or a bullet in a soldier's body is a stern reality. It must be removed before the soldier can be restored to usefulness and health. True, but for the peculiar illusion of the mortal mind that war is the only means of settling the disputes of nations, that bullet wouldn't be there. But once there, it must be dealt with. A million prayers would never remove it, though faith is a force we

must not underestimate. Manipulation by an osteopath or adjustment by a chiropractor would not help, nor would either or both prevent the growth and multiplication in the wound of those dreaded microscopic agents of destruction and disability, death and disease, that do more havoc than even the powerful engines of war devised by man, in his wisdom, to destroy his species.

The public must be told things like this, and told by physicians, directly, not indirectly. They must not be left to figure matters out for themselves, for unless active steps are taken to teach the people the truth of medical questions, the cults with their distorted logic but honeyed speeches and really skilful advertising will win them over in increasing numbers as patients.

À propos of this question, I am reminded of a medical friend who has his office in New York. Next door to him a chiropractor opened his office, and the truth dawned upon my friend. 'See here,' he said to me, 'it isn't fair. This fellow has no education at all; why, he didn't ever graduate at public school. He took a course in chiropractic and here he is competing with me for business. I spent four years in high school, four years after that in medical school and then two years in the hospital before I opened up, and yet the fellow next door is making as much money as I am. It isn't fair.' I agree with him absolutely that it isn't. But this fellow next door is going to do better as the years go on and the physician is going to do worse, because the fellow next door advertises and is not ostracized because he uses printer's ink, while my physician friend must compete with him at unfair odds.

Combat publicity by publicity, and you have a solution to the problem.

I have said that the first reason for the success of the cults is their clever advertising. The second reason is

that they give their patients immediate relief. When a patient goes to the office of a regular physician, all he gets there usually is advice and a prescription. When he goes to the offices of the cultists, it is different. He enters as a sick man, and comes out apparently well. At least, he is less sick—feels less sick—when he leaves. Some immediate relief has been afforded, although it is often very transient and the patient has to return constantly for renewed treatments. Nevertheless, as long as people continue to 'want what they want when they want it,' they will continue to be thankful for some immediate alleviation of their suffering and they will continue to patronize anyone who will give them that relief.

If alleviation is afforded by these cultists, then the subject is worthy of serious consideration. No matter how relief is brought about, it is legitimately within the sphere of the medical man to acquaint himself with the method, and practise it if he considers it advisable in any case. His duty is to help his patients and he has no right to permit prejudices of any kind to interfere with the just performance of that duty. In the matter of prejudices and the losses it has led to, the medical man has no one to blame but himself, and probably his college. If the faddists continue to spend their money for relief elsewhere, the regular practitioner is merely foolish if he refuses to acquaint himself with the new methods and adopt them when necessary. This cannot remain a question of pride or of prejudice. It is one simply of common sense. Medical men must come down from their high horses and give the people at least as much as the cultists do, before they can in all fairness ask the people to come to them for the relief of all their bodily ailments.

As a matter of fact, an unprejudiced investigator will tell you, as I know from my own investigation, that there is a germ of truth in every cult and -ism. They

are based upon some sound physiologic, psychologic or even pathologic principle. And the profession does not defeat them by derision or destroy them by persecution. It would be much more effective if the medical colleges would devote a certain part of their time to a dispassionate study of these subjects, reading the literature of the cults, as I have done, and examining their methods and results scientifically, without levity or bigotry, but with open minds and with the desire only to get at the truth, whatever the truth may be.

A third reason for the popularity of the cults is that they do not use drugs. The majority of people are tired of being drugged. And while I agree with them that they have been drugged too often and too promiscuously, I cannot but feel sorry that they have carried their prejudice to the other extreme, namely that of refusing to be drugged at all. Pharmaceutical remedies are excellent adjuncts for the securing of specific results, but they should be used with moderation.

I am reminded here of the question put to John Opie, the Royal Academician, by one of his admirers: 'How do you mix your colors?' And the prompt reply was: 'I mix them with my brains, sir.' This is what the profession must do to succeed in the future. We must mix our drugs with brains. We know sufficiently well that nature is an excellent aid in the treatment of disease, and we wrong our patients when we prescribe so many drugs that nature is hindered rather than helped in her reparative efforts.

The lay public is reading more and more health literature and is beginning to understand the power of nature in disease better even than some of the physicians. This accounts in a large degree for the increasing adoption of fast cures, water drinking cures, diet cures, milk cures, etc. The physician on the other hand has learnt to depend on certain specifics to get

certain results, and he cannot break away from the habit he has acquired. Even when no prescription is necessary, he feels that his patient will not be satisfied unless he has one written for him, though it may contain nothing but placebos. The physician has not been keeping pace with the progress of the laity, and it is the lay press and the lay public that is forcing the doctor to push ahead and modernize his practice and his methods.

I will not go into the subject of suggestion, of hypnotic or semi-hypnotic influence, or the numerous sub-divisions of what may be called faith treatment and faith cures. We know that there is a scientific as well as a charlatanesque side to all this. The influence of mind over matter, of emotion on the human mechanism, is still to be fully explored. The age of so-called miracles is not yet a story of antiquity. But this is beyond the scope of the present book. I merely wish to draw attention to an obvious and too frequently neglected scientific fact. To give a local illustration, the experiences at the novenate of St. Anne in New York are decidedly interesting. We have only been sounding the shallows so far. The deep seas are still uncharted.

The revival of primitive Christian healing is a very interesting development. I have just been reading the story of John Moore Hickson, who has been trying to restore sufferers to health by the 'laying on of hands' at Trinity Church, New York. He came to America with the endorsement of the Archbishop of Canterbury and a number of other dignitaries of the Anglican Church. Now the Archbishop is not in any way a sentimental dreamer or rhapsodist. He is an eminently practical administrator as well as a theologian and prelate; and he would certainly not have commended Mr. Hickson to the Rector of Trinity unless he considered that he had excellent reasons for doing so. He

had himself seen results. I will quote just one brief passage from an interview with the new apostle of an old theory and practice:

'In this century there is a great spirit of God passing over the world and bringing many things to our remembrance; men are beginning to think, and one of the things exercising the minds of many Christians is the revival of this healing ministry.'

Reverting for the moment from faith to food, I would like to urge the profession to renew its acquaintance with the subject of diet. If every physician had a proper knowledge of this very important question, there would be less disease and fewer drugs. With a clear understanding of the food problem, the physician has in his power and under his control a more effective means of bringing about a rapid cure than even by the use of the most powerful drugs. The diet is the keystone of the future pharmacopœia. Since half of the ailments of humanity have their primary sources in the alimentary tract, a mastery of this field, a proper appreciation of the value of proteins, fats, carbohydrates, ash and water, and of their influence on the various metabolic changes, would go a long way to secure again for the regular practitioner the regard, good will and gratitude of a great number of progressive patients, and incidentally would yield him an increased financial return.

A fourth condition tending to bring favor to the cults and disfavor to the regular practitioner is the knowledge on the one side, and the lack of it on the other, of the part played by the mind in questions of health and disease.

H. Addington Bruce, in 'Scientific Mental Healing,' writes:

'Mental healing, or psychotherapy, to give it its technical name, is to-day practised on a most extensive scale and under several forms, some primarily

religious in character, others based wholly on the results of scientific investigation. Each particular system, whether religious or scientific, possesses characteristics peculiar to itself, and marking it off more or less sharply from every other system. But all have this in common, that they rest at bottom on two general principles—the power of the mind over the body and the importance of suggestion as a factor in the cure of disease. Moreover, all have a common ancestry, dating back directly to the closing years of the eighteenth century, and indirectly to the dim ages of antiquity.'

I have tried hard to make you see the loss to the profession through its neglect of such a fruitful field of medical practice. I want you all to realize, as many of you do already, that one of the reasons for the success of the cultists is their thorough understanding of the influence of the mental upon the physical. With the Christian Scientists, for instance, everything is mental. In fact, they claim that all matter is illusion and that therefore there can be no such thing as physical ill. In my opinion that attitude is just as extreme as the attitude of the medical practitioners who give absolutely no thought to the mental side of their cases, but are concerned merely with the physical aspects. It is the doctor's traditional disregard for the mental side of disease that has created and fostered the growth of these cults. In recent years, however, I am glad to say, the medical fraternity has been gradually awakening to this shortcoming, and now especially, with the works of Freud, Adler, Jung, Brill and others in his possession, the physician promises to get more faith and better results on the part of his patients, because of the increasing attention that will be paid to the mental side of disease and health.

It may seem strange if, following this criticism, I also make the accusation that the medical fraternity

has neglected the physical side of medicine. But I do, and I claim that the fifth reason for the growth of the cults is the failure on the part of the physician to pay sufficient attention to physical agents in the cure of disease. The public, as I have said repeatedly, is tired of being dosed with drugs, and to give the public what it wants, various cults have grown into prominence whose sole basis of treatment is manipulation. Manipulation, electricity, heat and cold, water, etc., are some of the physical forces that have been allowed to go to waste in the armory of the practising physician. His attention has been concentrated too much upon drugs.

The cultist manipulates his patient, who feels that something is being actually done for him. It is one thing to advise a patient to take an enema, and another actually to give the patient an enema. The psychological effect on the patient of manipulative treatment is too great to neglect in bringing about desired results. A pill administered by a physician has ten times the curative value of a pill taken at home. Massage in the physician's office, with the suggestion that it will bring about the desired relief, will often bring it about even if the massage *per se* serves no purpose. The chiropractors, osteopaths and allied cults depend entirely upon manipulation for their results, and in many cases they actually get what they want.

Electricity is one of the most potent sources of medical treatment we are acquainted with; but few medical men really understand its therapeutic value. High frequency currents, Ouidin, d'Arsonval, tri-ultra-violet rays, diathermization, etc., all have their uses and are indispensable to the practice of a conscientious medical man. Yet the profession is neglectful of these curative agents. And as long as the profession neglects any one branch of practice, any one agent for effecting relief, any one method of bringing about a

cure, just so long will there be cults that will gladly devote their energies to exploiting that neglected branch of work, while making exaggerated claims as to the results they can obtain by its use.

Another reason for the success of the cultists is the fact that they do not resort to surgical operations of any kind, and in fact convince their patients that surgical intervention is not even necessary. The natural dread on the part of the patient, *plus* the assurance of these cults that it is not necessary to have such operations performed, secures the favor of the public to the disadvantage of the medical man, especially when it is possible to quote cases where operations have been advised by medical men, and where cures have been effected without the use of surgery and often by the very simple expedient of a change of diet.

No medical man who has any knowledge of the subject can controvert the fact that too many surgical operations are performed, that too many of the operations are unnecessary, and that too many produce far from good results. This is due in a large measure to sheer greed on the part of some practitioners, eager to reap the rewards for surgical operations. Earlier in this book I have referred to cases where operation after operation was performed merely for the fee involved; and as long as the economic condition of the practitioner is not improved, we must expect that medical men, driven by dire want, will resort to the most unscrupulous methods to obtain money, especially when they are covered by the cloak of ethics and 'good standing.'

Surgery should be the court of last resort. I do not mean to belittle the value of surgical operations, nor do I mean to say that early operations should not be practised; but it should be established first that surgery is needed, beyond the slightest suspicion of a

doubt, before it is advised. My plea is for less radical and more rational treatment.

The last and seventh reason for the existence of cults is that the medical man has been trained to look upon a case as a case, ignoring the human and very personal element. I have taken up this point before, but there is no harm in occasional repetitions. A patient is an individual, not an abstraction. But habit breeds indifference. A penny placed near enough to the eye will shut off the entire sky. We have kept our eyes glued too close to disease to realize that our field is broader and greater than that. The physician has forgotten how to look upon his patients. He has forgotten how to consider humanity as a whole, or a person as an individual, and has concentrated his entire attention upon the disease and the specifics that seem necessary in the treatment of disease. He has failed to see the importance of social medicine, hygiene, prophylaxis, etc. The Christian Scientist, on the other hand, has shown a remarkable skill in dealing with his patients; personality is never ignored; and the psychology of the case—not merely the pathology—receives careful and reassuring consideration.

Of all these seven reasons, however, for the success of the cults, the most important is publicity. As long as we permit some healers to advertise, and forbid the others to do likewise, just so long will injustice be worked. And if we consider that the men best fitted to treat disease and to give permanent relief from suffering, the ones best qualified scientifically, through years of study, training and experience, are those who are shut off from this means of communication, while the impostors, the exaggerators, the ill-informed are permitted to press their claims upon the public, we must admit that we have been wrong in our attitude.

The cults have prospered, as have the patent medicine people and the dispensaries, because the people

either know of nothing better, or else cannot afford to pay for something better when they do know of it. If, however, the rank and file of the profession would advertise, the public would soon find that there are competent and scientific physicians whose services could be had for a very reasonable fee.

From their offices at subquarters, physicians could spread the gospel of health in every community in the country. Just as with the Christian Scientists the healer works for the good of the cult as a whole and everything that the cult does reacts for the benefit of the individual healer, so could it be with a revitalized medical organization, working intensively for the welfare of the individual practitioner, as the individual practitioner would respond loyally for the welfare of the profession as a whole. If the divers cults and those attached to them can get what they consider satisfactory results, how much more good will the public derive from an active organization of scientific physicians and surgeons, developing systematically the full possibilities of scientific medicine!

The people would rather come to a physician if they understood him better, and if the physician had a means of inviting them to come and of acquainting them with the character and value of his services, and if he could also advise them that they would get scientific treatment for just as small a fee as they would pay to a drugless healer or any of the miscellaneous gleaners in the medical field. As I have pointed out, the main difficulty lies in the fact that the unqualified may invite the laity through their alluring advertisements to come to them for treatment, while the physician stands waiting to be discovered, like a North or South Pole before the advent of a Peary or an Amundsen. He is just as much isolated, and might as well be just as much inanimate and hypothetical. It requires a good deal of thought and energy to discover anything that is

securely secluded, and the majority of people nowadays do not care to exert themselves in this way. They want things to be brought to them.

If the profession would get together and talk to the public, through the unwritten and the written word, and convince them—to take one instance—of the necessity for sleeping out of doors, how many cases of tuberculosis, anæmia, etc., could be prevented and how many years would the average life be prolonged! If by concentrated effort we could do away with the unsanitary bedroom life of the tenements, what a boon that would be to humanity! How many bald heads could be prevented if through publicity we could abolish the silly habit of wearing hats, at least in summer, and what a marvellous increase in health and happiness there would be if we could reform the present mode of dress and substitute for it the wearing of light coverings, such as gymnasium suits, in mild weather! It is hard for some people to realize how much good would result from such simple expedients, and how much disease is harbored by clothing. The discarding of over-clothing would give our bodies a chance to be bathed in the air and sunshine on our way to and from work.

How many people would be saved from untimely death, from all forms of intestinal disturbance, if we would pay more attention to the regulation of their diet! The people of to-day think that meat-eating must be done as it is by carnivorous animals. How many of our cases of appendicitis would be averted if people could be advised about the proper regulation of the excretory functions of the body, and a regular fight be instituted by the profession against the ever increasing number of food drunkards! How many miseries and how many tragedies would be prevented if the people could understand the question of sexual drunkenness!

Preventive medicine is the medicine of the future, and the greatest factor in the practice of this branch of medicine is publicity.

Of every 100,000 persons enjoying health at the age of thirty, 8,585 are dead before forty; 18,302 are dead before fifty; 32,214 are dead before sixty; 54,859 (more than half) are dead before seventy; 83,060 are dead before eighty; 93,580 are dead before eighty-five; 99,009 are dead before ninety; and only three of every 100,000 men and women in good health at thirty live to be ninety-five. These figures are furnished by the United States Government.

The idea is just beginning to dawn on the profession that the physician can do much more good than he is doing at present, by persuading people to come to him for guidance in how not to get sick. The profession would reap rich returns if it could get control of the public and point out how to avoid appendicitis, tuberculosis, auto-intoxication, and so on. This is precisely what the cults are doing, and this accounts in a large measure for their success.

It is due to the profession itself, no less than to the public, to make the people come to it. Just as the commercial world can, by combining and advertising, create a demand for a certain commodity, so medical men can through proper publicity create a market for health and health service.

XIII

BUSINESS METHODS IN MEDICINE

THE great need of the profession is for a revised mode of business procedure. The present chaotic conditions must be replaced by a uniform system, and both the profession and the public must be educated to see the advantages of it. There should be free and open discussion of the economic side of medicine. Practitioners should be able to exchange ideas on the management of their business, just as bankers, merchants and manufacturers do.

There are many successful practitioners who are running their offices along excellent business methods; they have devised new and practical systems for greater efficiency, and have tested them thoroughly; yet the medical world rarely gets an inkling of them. These good business men of our profession jealously hide their own business efficiency, secretly fearing to share their knowledge and experience with their colleagues. How different it is in the commercial world, where men of practical and technical experience get together regularly to discuss their problems and consider how to make their business more efficient, how to eliminate wasteful effort and avoid the repetition of others' mistakes! But we doctors have the temerity to look down upon 'selfish business.'

Medical societies should have proper courses of lectures by experts in management and accountancy. Experience should be systematized and made available for the guidance and benefit of all. Principle and prac-

tice should be brought into due relation, and the interest of the individual should be the reasonable care, not of himself alone, but of a profession animated by a sense of effective comradeship and corresponding progress.

A doctor's services are different from those of a grocer or butcher, which cannot conveniently be dispensed with. In emergency cases the people can always go to the hospitals. In ordinary cases they are often content to go to the nearest drug store; a patent medicine may do them no especial harm, or if they wait long enough the indisposition may pass over without the final necessity of calling in the physician. And if they are disinclined to wait, they can go to the dispensary or lodge doctor; they can place faith in a herb-healer or take the advice of a neighbor. But with regard to health service, as in the proper payment for it, they must be influenced by sound educational methods.

While the profession of medicine is an ancient and honorable one and the physician should take pride in his calling and delight to do good to all men, still he must feel the cogency of the fact that he has to support himself and his family by his own labors. It therefore becomes a most important and practical matter for him to consider the business side of his profession and the inexorable economic laws. It is precisely because the profession tries to ignore these laws, instead of studying them scientifically, that physicians as a class fail so dismally, when you consider the capital invested in education and equipment, in hard work, skill and experience. No other profession is so economically deficient and so reluctant to put matters on a proper basis. Yet the proper arrangement of the business side of the profession, the receipt in a dignified way of a suitable recompense for services rendered, is just as much connected with good ethics and entitled

to liberal discussion as is the detail of any given operation.

The size of the fees you receive for medical service depends more on your business ability than on your professional skill, and the quality of service you habitually render is necessarily determined by the size of the fees you receive. In order to be an all-round success, you must study business principles. You cannot neglect them without paying the penalty. Remember that it is not necessary for you to deal with multitudinous details. That would waste your time and energy, if you have the kind of practice you ought to have. But you can adopt the simple business principle of delegating certain duties to an efficient man. You can employ someone who is an expert in his own line—the line of business. It will pay you well to do so.

A BUSINESS MANAGER FOR THE DOCTOR

The idea of the introduction of the business manager into the practice of medicine is not new. The application that I have outlined may be so, but the idea itself has been in operation for some time, and very successfully. In New York City alone there are concerns that do an optical business of from one quarter to a full million dollars annually. One concern that I have in mind has branches all over the city, but is controlled by a business manager. The originator conceived the plan of giving the people the service of an oculist and of an optician under the same roof, and so in each of the branches oculists as well as opticians find employment, the charge for their services being so moderate in comparison with the charges by other oculists that the business is constantly increasing. In his advertising matter the proprietor says:

'Fifteen years ago the public could secure their

glasses in any of the following ways: consult an oculist in his private office, pay him $3, $5, or $10 for the prescription, and have his prescription filled further on at the office of the optician, thereby doubling the cost and dividing the responsibility; if your glasses did not fit, each could put the fault on the other, and you had to go back and climb the same steep ($) hill again; in other words, you had to pay the oculist another fee, and the optician again for new lenses.

'This system opened the way for the eyeglass department in the dry-goods store, and the "eyeglass merchant" in the jewelry store, where salespeople wholly unfamiliar with the laws of anatomy or optics served you.

'You would not leave your gold watch for repairs at a penny newsstand—why then risk that wonderful, God-given mechanism, your eyes, to the tender mercies of the irresponsible or the unskilled?

'To-day at the optical house of ———— you obtain the combined services of skilled, experienced oculists (registered eye physicians) for the examination of your eyes, and the painstaking care of competent opticians in the fitting of the frame or mountings—all under one roof, and at a pronounced saving in cost to you and without a divided responsibility.

'Times without number this question has been asked: "How can you afford to give the services of skilled oculists without extra charge, and furnish correct glasses for as little as $2 a pair?"

'The reasons are many:

'Manufacturing daily hundreds of pairs of glasses in our own factories enables us to employ economies in the purchasing of raw materials and in the manufacture of mountings, frames and sundries impossible to smaller institutions, and which decrease the cost of glasses to us, because of the tremendous volume.

'Furthermore, if each of our oculists maintained

an expensive suite of offices, with attendants, high-priced apparatus and numerous overhead charges, even with a large practice he would find himself at the end of a year with no bigger income than the amount of his present compensation with us. The financial responsibility would also tend to weaken his scientific efficiency. Where he would otherwise treat dozens of patients, here he serves hundreds. Hence his skill is much greater. It is a known fact in optical circles that eight oculists out of ten (in private practice) rarely examine the eyes of half a dozen patients a day.'

I have quoted at some length from the advertising material of this optical concern because of the insight it shows into conditions which vitally affect the medical world. Many men are fit to be lieutenants, but not captains. No matter how long they served in a subordinate position, they would never be fit for promotion. They can carry out orders to perfection, but when it comes to taking command, to handling the reins themselves, they are lost. So it is in the practice of medicine. There are many physicians who can do their work well if they are told what to do, but they cannot manage for themselves, they must be managed.

Such business managers as the one from whose advertising booklet I have just quoted, are doing wonderful service for the profession, the individual practitioner and the public. Stomach, nerve and other specialists who would otherwise, perhaps, be making barely enough to live upon, are by the aid of these managers assured a proper income and are able to give their best work to the people while they are young and full of vitality. The business manager gets them the work and they do it. Not only is this true of the oculists, but of every kind of specialist who is employed by the advertising practitioners. Many hundreds of men whose medical skill and knowledge would otherwise be

lost to the profession are in this way able to render good and effective service.

But instead of the optician employing the oculist, or the successful business man employing both, why should not the oculist be the head of his own concern and employ a business man to attend to the business end? That is what we in the medical profession have to do. We must follow business principles and make use of trained business men; but we must be in control of our own affairs—directors, not subordinates.

No organization, large or small, can afford to neglect business methods. Think of what was done on an enormous scale during the war. Mistakes were made, we know; but in mere reclamation and salvage work, in the utilization of every available scrap of old material,—leather, metal, cloth and what not,—millions of dollars were saved. This was only one detail in the vast business scheme; but business men attended to it, just as Mr. H. P. Davison was called in to take charge of the Red Cross organization, and Mr. Frank A. Vanderlip left his bank to place his services at the disposal of his country.

A striking example of modern business management is the Life Extension Institute. The optical concern referred to above devoted its attention to a city practice, but this institution is a national affair. Through judicious advertising on the widest scale, through paid publicity and free write-ups, through expert management and efficient service, it is giving thousands of physicians—six thousand, to be exact—an opportunity to increase their incomes by the extension of medical service. And the service they sell is not treatment, but health service: careful examination, advice, and guidance in individual hygiene. 'The Life Extension Institute has nothing marvellous to offer, except perhaps the most marvellous thing in the world—rational, common sense employment of tested scientific knowledge.'

Starting with a small capital, by good business management it has been able in the short period of its existence to get over one hundred thousand men and women in all parts of the United States to take its health service.

Medical men, however, are very slow to realize the benefit that may be secured for themselves and the public by organizing such bodies and employing business managers to conduct them, and the work has been permitted to fall far too much into the hands of other than medical men. For instance, one of the largest organizations of this nature is the National Bureau of Analysis, composed chiefly of chemists, who for a fee of $10 make four analyses per annum and advise their clients of the results.

The medical profession should realize the enormous scope and force of publicity when it is properly directed; and it should realize further that efficient business management is not in any way unprofessional, but enlarges the opportunities and increases the just influence of the profession itself, while bringing to the public new knowledge and new ways of obtaining health service.

XIV

PRACTICAL ADVERTISING

THERE are certain fundamental laws governing advertising, and they do not differ whether the publicity desired is for medical service or the service of a broker. They are constant and are based on a knowledge of human psychology. Unfortunately most medical men are poor psychologists and consequently have poor advertising ability; but on the other hand, fortunately, there is a class of men, devoting their entire time to this important industry. They are professional advertising men and have given a number of years to the study of their profession. To derive the best results from advertising it is necessary to consult these experts. As I have already pointed out, the medical profession should employ a committee of advertising experts to study the health question and devise methods for bringing vital conditions forcibly before the public. This will be actually creating the market for health service previously referred to. Co-ordinated work along the right lines would bring a splendid compensation for the effort and expense involved.

A well-known company—the Butterick Company—has for some time been conducting an advertising campaign, and doing it remarkably well. Have you noticed what it is for? *They are advertising in order to get advertisements.* That is perfectly natural. They own magazines with an enormous circulation; they print a huge number of advertisements; they know the results which the advertisers secure, and they un-

derstand thoroughly the value of publicity. It is a matter of experience with them, not of theory only. That is why all the leading magazines advertise largely, not only to maintain or increase their circulation, but to induce more advertisers to use their periodicals as publicity mediums. They know what they are doing: they are experts. That should give you an interesting insight into the question.

It would be well for every practitioner to spend a little time in studying distinctive advertisements. He will soon discover the basic principles, and learn to appreciate the skilful developments. Different organizations will of course employ different methods to suit their special purposes; but the chief requirement is always simplicity.

I should like to draw attention here to the value of carefully planned co-operative advertising, like that of the druggist members of the Merchants' and Advertisers' Association. Advertising of this type has far-reaching results.

I should also like to mention the latest idea of the Life Extension Institute, of New York. They are issuing a series of Keep Well booklets—twenty-four altogether—at a total cost of $1. The subjects are excellently selected and are dealt with by experts, so that, to quote from their prospectus, 'the information, as finally published, represents the consensus of opinion of the highest medical and health authorities in the United States.'

For those who have not the time, or at present, perhaps, not the inclination to study the subject thoroughly, and who cannot afford to consult an advertising expert but still desire to know a little about the subject, I append a brief résumé of a book by Walter D. Scott. I counsel the reader, however, to consult other books, which can be procured from the public library or bought from the neighboring bookseller.

THE PSYCHOLOGY OF ADVERTISING

By

WALTER D. SCOTT

ATTENTION

The power of any object to force itself into our attention depends:

1: on the absence of counter attractions.
2: on the intensity of the sensation aroused.
3: on the contrast it forms to the object presented with it, preceding or following it.
4: on the ease with which we are able to comprehend it.
5: on the number of times it comes before us—that is, upon repetition.

ASSOCIATION OF IDEAS

1. Whenever there is in consciousness one element of a previous experience, this one element tends to bring back the entire experience.
2. Habits. The idea next to enter the mind is the one which has habitually been associated with the one present to the mind.
3. Recency. If two things have been recently connected in the mind, when one is thought of again it suggests the other also.
4. Vividness. If my present thought has been associated with a thousand different objects, the one will be suggested with which it has been most vividly associated.

(As far as the association of ideas is concerned, that advertising is the most effective which is most often thought of in connection with the line of goods advertised, but the associations formed in youth are more effective than those formed in later years. Their

effectiveness is lasting and will have influence as long as the person lives. Hence, goods of a constant and recurrent use might well be advertised in the home or even children's papers, and the advertisements might be so devised that they would be appreciated by children.)

SUGGESTION

Every thought that we think is probably accompanied by its corresponding movement or tendency to movement.

Every idea of a function tends to call that function into activity, and will do so, unless hindered by a competing idea or physical impediment.

If men are reasonable and are induced to act after careful consideration of arguments, then we must give attention to the formulation of cogent arguments. If men are suggestible, we must give the suggestions to action by illustrations, affirmations, repetitions, and direct commands, or by any other means which wisdom and experience may discover.

THE DIRECT COMMAND

The direct command relieves the one commanded from the trouble of making up his mind. It makes up his mind for him, and so makes action easy.

THE PSYCHOLOGICAL VALUE OF THE RETURN COUPON

It directs attention.

It gives the reader something definite and specific to do.

It makes it easy to answer the advertisement.

FUSION

We do not at first perceive the parts and unite them to form the whole, but we first perceive the whole,

and only after the process of analysis has been completed do we perceive the parts.

Fusion of Environment on Goods: 'When he entered the store he found such a shabby tone to the environment, to the establishment, that he could not believe that the goods which were shown to him were desirable. If he could have seen the goods in another store he would have purchased them at once.'

The medium gives a tone of its own to the advertisements contained in it. Religious and reliable mediums are supposed to carry truthful advertisements and are relied upon much more than 'yellow' publications.

I will present a few advertisements so that you may get a concrete conception of my idea of advertising. If any of them seem peculiar in construction or strained in tone, it will be well to remember that some are translations, the originals appearing in foreign language newspapers.

WHY A PHYSICIAN SHOULD ADVERTISE

Dr. ————, of 220 East —th Street, often receives letters in which the following question is asked:

Why do you advertise? Do you not think that advertising is too cheap a method for such a sacred art as that of the medical profession?

Then again, why do you continually advertise? You have been advertising for so long a time that you are already known by all; why then continue advertising? Do you want to gobble up the world?

Dr. —— answers these questions as follows:

I am very glad that such questions have been put to me. I am always prepared, and with pleasure, to answer such questions.

A physician has a right to advertise, just as any

other enterprise has, whether it be for business, for politics, or for human welfare.

The entire modern world is built on advertising. When an author writes a book, when a dramatist presents a play, when an inventor makes a discovery, he advertises himself.

The great scientist Edison would never have been known to the public if he had not advertised himself. Foreign countries would be unknown to us were not their products advertised.

Advertising means making oneself known, telling the public what one has for it. And why should not the doctor do likewise, just as do all the others?

It is cheap, unrefined and dishonest only when one advertises a bluff, when one does not tell the truth, when one seeks to trick the people.

It is, therefore, a question of how you advertise and what you advertise. As far as I am concerned, I can truthfully say that I have advertised in the fairest and most decent way; I have never advertised an untruth.

All that I say is that the people should come and convince themselves.

My advertisements are, in truth, a campaign of information,—just as in my published works I have tried to clear up the truth in the minds of those who did not know, and to convince the sceptics.

My advertisements have helped thousands to prevent disease, and have saved thousands from untimely death. While it is true that I derive benefits from advertising, those who read my advertisements receive greater benefits.

I can have and actually do have a practice, a large practice at that, without advertising. I advertise in spite of that, because I feel that I have an important message which should reach the largest possible public.

A doctor who is satisfied with bare existence, is satisfied with what he has. I believe, however, that I

am helping the masses, that I am helping thousands who otherwise would not have been helped, and therefore I consider it my sacred duty to continue advertising, so that more people and people heretofore unacquainted with me, may know what I can do for them.

Advertising has become part of my existence. I feel it to be a means whereby I can give people vital information.

I have continually advertised for the past twenty-five years; my advertisements have brought me thousands of patients, and I have never heard any of them say that I have not told the truth in my advertisements, that I make false promises, or that I do not do what I promise to do.

That advertising is a good thing is proved by the fact that many physicians have followed in my footsteps, and advertising by physicians is now held to be as respectable as advertising by the government of Liberty Bonds or War Saving Stamps.

Dr. ————

220 East —th Street

FAMILY TRAGEDIES

The papers are full of tales of terrible family tragedies.

Every day the courts sit on cases which are the result of family trouble.

Do you realize that very often the underlying cause of these tragedies is the condition of the man's health?

The sick and diseased have ruined thousands of happy homes, and have brought untold miseries into them—their families have caused a loss to the community.

Oh, if they would only realize that they can easily be freed of these diseases!

Dr. Landis has helped thousands of sick men, women and children to regain their health.

Dr. Landis's patients are numbered in the thousands. Why should you not be numbered among them?

Dr. Landis is always prepared to serve you. Advice free.

Dr. L. Landis

140 East 22nd Street, New York

Between Lexington and Third Avenues

HEALTH AND SCIENCE

Dr. Landis wants to make your acquaintance. He wants to teach you how to live, how to conduct yourself, how to develop your ability, how to take care of your health, your physical and your spiritual self.

Ten Resolutions

Be it resolved and carried that:

1. It is impossible to know too much.
2. It is right to know everything.
3. Prevention wards off disease.
4. Proper care conserves lives.
5. To neglect disease is criminal.
6. Dr. Landis has associated with him a staff of specialists forming a complete medical group.
7. His address is 140 East 22d. Street.
8. Dr. Landis's books are rich in information.
9. Everybody ought to read them.
10. Everybody ought to know himself.

His office is open for patients every day from 10 to 9; Sunday from 10 to 4. Everyone welcome. Do not postpone your visit.

Dr. L. Landis

140 East 22nd Street, New York

Between Lexington and Third Avenues

TEN REASONS WHY

By a Patient

I am asked why I go to Dr. Landis for advice and help. I know many good reasons, but I will give you only ten.

1. He has been in practice for the last twenty-five years.
2. He is studious, well-read and conscientious.
3. He is helpful, friendly and trustworthy.
4. He has associated with him a staff of specialists forming a diagnostic group.
5. He speaks my language and understands my conditions.
6. His office hours are from 10 to 9 daily and until 4 Sundays.
7. I do not have to stop work to go to his office.
8. He has the modern facilities for treating disease.
9. He has a complete modern equipment and his institution is housed in a five story building and has a staff of 20 men.
10. He is old in knowledge but modern in his methods.

Dr. L. Landis

140 East 22nd Street, New York
Between Lexington and Third Avenues

DUTY AND HEALTH

Every man must practise thrift to-day and save everything he can. One must not waste any wheat, corn, meat fats, salt, sugar, leather, steel and other commodities. Many articles already cannot be had, while of others there is barely sufficient.

Work is necessary. Workmen are needed everywhere. Every day that is lost because of ill health is a loss to you personally and a loss to the nation. It is wrong to hinder the production of life's necessaries, but it is a CRIME to impair your health.

Conserve your health and your strength. Cure your ills. It is your duty to your country, to yourself personally and to your family to be perfectly healthy, energetic, spirited, 100 per cent. fit for your work and your business.

Dr. L. Landis, your friend and teacher, will help you with advice and service, will show you how to conserve your health and your strength, and tell you how to prevent disease, and how to be cured.

Dr. L. Landis

140 East 22nd Street, New York

SELF-CONTROL AND WILL-POWER

Dr. Leonard Landis, of 140 East 22d. Street, received the following interesting letter from one of his patients:

Dear Dr. Landis:

I wish to express my heartfelt thanks for what you have done for me. I realize that your methods are the best and most practical for the healing of the sick.

I had before coming to you visited many other physicians, but they were unable to aid me. The medicines they gave me and the directions they prescribed for me to follow did not produce the desired results.

When, however, I came to you, you inspired me with new hope and made a new man of me.

You did two things for me for which I will be eternally thankful to you: you taught me how to mas-

ter self-control and how to apply my will-power—two things which helped me in my fight for health.

I would like to be able to tell everyone what a rôle these two factors play in a person's life and would point to myself as a living example of the fact.

You, I believe, would be better able to do it than I.

Very respectfully,
Simon B.

Dr. Landis's answer to this letter is as follows:

Dear Mr. Simon B.:

You have touched a very interesting point. Self-control and will-power are truly the most necessary factors in a person's life. Many lives are ruined, many people lose their fortunes, and others lose their very lives because of this lack of self-control and of the power to carry out the dictates of their will.

Man is like a vessel on the seas. The wind and the tide can carry her out of her course and can beach her on a reef where she will be hammered into a wreck by the beating waves.

And just as a ship may be steered through storm and wind to a predetermined port by her captain with the aid of its machinery, just so is a man carried through life by his power of self-control and by the power of his will.

Woe is it to him who does not know how to master self-control and will-power! He is just like a rudderless sailing ship carried away and wrecked by the storm.

There are many people who ruin their health through the acquisition of evil habits. They develop all sorts of ills and become sickly and begin to make the round of the doctors. The remedies prescribed by the physicians usually do no good, because these poor victims retain their habits of self-destruction and have no will-power to free themselves.

I know of many patients who have come to me and complained that my treatment did not do them any good. As a matter of fact it was not my remedies that failed, but their own will-power. If they had made up their minds once and for all and determined that they would turn a new leaf and lead a new life, all would have been well.

The trouble is that they are weaklings, and do not possess the necessary strength to draw themselves out of the mire and rear themselves up to human heights.

I know personally of hundreds of cases where men have gambled away their fortunes and their lives because of this lack of self-control.

My efforts are directed to arouse in every one of my patients this latent power of self-control and the power of the will. In your case I succeeded and you are happy indeed. But often it does not lie in the power of the physician to bring about these results. It lies in the hands of the patient.

When one has self-control and will-power he is safeguarded from many evils and hidden dangers which can prey only upon the weak.

Dr. L. Landis

140 East 22nd Street, New York

THE 'HURRY UP' DOCTORS

Dr. Landis of 140 East 22d. Street received the following letter the other day from one of his patients:

Dear Dr. Landis:

If you remember, I was at your office. You examined me and advised me that it would take quite some time before I could be relieved of my trouble, and that it would take weeks and perhaps months before I could be absolutely cured.

Your advice made a deep impression upon me, but

I went to consult another physician. I told him what you had told me, and he advised me that you were a 'faker' and that your object was simply to filch from me as much money as possible. He further told me that he could cure me in a jiffy. He gave me a prescription and after I had paid him a few more visits he declared me cured.

In spite of this I feel that I am still far from well, and am consequently in an embarrassing position. I am ashamed to come to you now.

Very respectfully,

In reply I wrote to him as follows:

You do not need to feel ashamed to visit me at all. The fact that you went to another doctor who took the pains to pay me a pleasant compliment, and that you then derived the benefit of his 'hurry up' methods, is rather satisfying to me, because it will have proved to you what I have always contended, that to cure a disease takes time, patience, and then again time and patience.

Unscrupulous physicians who are out to capture a few visits will make all sorts of promises and talk of their ability to cure the most chronic sort of cases in the twinkling of an eye. A physician who demands time in which to accomplish results, they accuse of dishonesty.

The truth of the matter is, however, just the opposite. No cure can be effected by 'hurry up' methods. The human body is like a machine. Every screw, every spring must be carefully studied if one really tries to put the whole mechanism in good order, and to do that one must have time and patience.

It is an easy matter to prescribe a medicine. In a great many cases it works no better than any kind of

'dope,' merely enthusing the patient so that he forgets his illness and believes himself cured.

It is only afterwards that he realizes that he is just as ill as before. Especially true is this with nervous cases, which originate from a spiritual rather than a bodily cause. Such cases can only be cured by patience.

My method differs from that used by most practitioners. I try to make new men of my patients and to rebuild their constitution and place them in such a psychological attitude that they do not fear a recurrence of the attack, thus rendering unnecessary further medical attention.

To do this, however, requires time. I know from experience that the more time the patient can devote, the sooner will a permanent cure be effected, without fear of recurrence. This is the object of my treatment.

Dr. L. Landis

140 East 22nd Street, New York

DOCTORS OF NOW AND THEN

Dr. L. Landis, of 140 East 22nd Street, received the following letter:

Dear Dr. Landis:

I must ask your pardon, although you do not know what grievances I committed against you.

Some time ago I fell ill, and having read your books and your advertisements, I had made up my mind to visit you. I told this to some of my friends and they laughed at me. 'Dr. Landis is such and such a sort,' said they. And they warned me not to come to you on any account. I therefore went to another physician whom my friends recommended to me. And after making innumerable visits to his office and after paying him quite a sum of money I still felt as badly as ever.

I consequently went to another physician, with exactly the same results.

I was desperate then, and asking no one's advice I came to your office. I went to you without hope and without courage and without confidence, I will admit. I went to you as a last resort; possibly relief might come through your efforts.

But let me tell you from the way you received me, from your methods of treatment and from the results you obtained, I realized that all that I had been told about you is calumny, and that you really are a great healer, a physician of an entirely new type, which is a rare find among the thousands of practitioners who are practising picayune medicine in New York.

I apologize to you because I permitted myself to be persuaded by my friends and actually almost believed that, what they said against you was true.

Very respectfully,
S. M.

The answer Dr. Landis sent to S. M. is:

Dear S. M.:

Naturally I am glad to hear that as soon as you came into personal contact with me, you were convinced that those who run me down, do so because of ignorance or prejudice.

I have always invited the public to come to my office, to have a talk with me, to become acquainted with my methods, to see my equipment and then form their judgment.

The trouble is that some people are accustomed when in need of medical service to go to their neighbors or friends for advice, when these themselves do not know and cannot tell who is and who is not a good doctor.

They formulate opinions without justifiable grounds and without reason, either because they have heard

someone say something about the matter or have read about it somewhere.

I have made many enemies because instead of pursuing the trodden paths of the old-time physician, I choose the path of the new and modern men. They do not know this and are unable to understand it.

They cannot understand, for instance, why a physician should advertise. They do not see that advertising is a more honorable means of chasing after patients than by playing politics in the various lodges, by becoming members of various societies, and in general by thrusting themselves in places where they are or are not desired.

Instead of devoting themselves exclusively to medicine, instead of devoting some time to study, as I do, they run around prating about their knowledge and knocking at various doors for trade. I have made the printed word the middle-man between me and the public. I talk directly to the people and tell them the unstinted truth, so that each and every one may be in a position to pass judgment and know what to do.

I have never tried to drag anyone in by telling him stories of marvels and wonders. The only thing I want is that everyone who needs advice, or information, or who wants to convince himself, should come to see me in person.

My office is open to all. Everyone is welcome here.

If you want to pass your opinion of me along, do not do so without first knowing me. Come first and make my acquaintance. Hear what my patients say of me. Do not take for granted what my competitors say. You alone must be the final judge of the value of my services.

Dr. L. Landis

140 East 22nd Street, New York

'FAKE' AND FACT IN MEDICINE

Dr. Leonard Landis, of 140 East 22d. Street, is in receipt of the following letter:

My Dear Doctor:

It happened recently that I was debating the question of fake and fact in medicine in the presence of a circle of friends. Knowing you and your methods, in the course of the discourse I mentioned your name, when one of my antagonists proceeded to make a bitter attack upon you. He maintained that you were a 'faker' and as proof he brought out the fact that you advertise. A reputable doctor does not advertise himself, he claimed, and does not present his services to the lay public; it is against the ethics of the profession. I feel differently about it and argued my side, but could not convince him of my view, and therefore I write to you to hear what you have to say about the matter.

Very respectfully,
T. L.

In answer I sent him the following letter:

Dear Mr. T. L.:

I thank you very much, sir, for writing me about this attack against my name by your friend, for it gives me an opportunity to make clear several points which neither you nor your friend appreciate.

It is quite true that the beaten pathway which the physicians of the old school are wont to tread, does not permit of a physician advertising himself, but allows him only to become known to the public by a heart to heart personal talk.

It is true that these old-timers conduct themselves according to the rules laid down over a hundred years

ago by an English physician, whose name was Thomas Percival; that is to say that they, living in the twentieth century, are living up to ideas which were current at the end of the eighteenth and the beginning of the nineteenth century.

But, even at that, if they are living according to the guiding principles of Dr. Percival, they do so only outwardly, because actually they are living under a tyranny and a dictatorship established by the medical societies.

These medical organizations have originated a system which keeps each of the rank and file of medical men in bondage and makes him a slave practically, makes him afraid to lift his head, because should he try to become independent or assert himself he is immediately ostracized and cast out of all medical societies.

Few indeed among the physicians have the courage or even the conviction to free themselves from this medical dictatorship, and incidentally thus free the profession. What are they to do?

They lead a double life. For the laity they are reputable physicians, scientific men who serve the cause of pure science, and unobserved they do whatever they please. They commit the most sordid crimes in the name of ethics, they truckle with health and even with life as one would with onions or potatoes.

The crimes these pure god-fearing ethicalists commit are abominable and continuous, but the public does not understand this. It considers that they are protected by the mantle of good standing in the profession, which is a sufficient sign of recognition by the laity.

I was one of the first, however, to see clearly and to understand the evils of the old-fashioned system governing medical practice, and I broke away from them and freed myself from their chains and discarded their

mouldy ethics. I revolted against the old and dead, and created a new ideal in the medical profession—an ideal which tends to bring and keep the public and the physician in closer contact, to make the physician really and truly a servant of the people and not a slave of a dead religion.

It was not easy to succeed, and I suffered a-plenty for my daring move, just as have suffered all those who have fought for freedom and justice.

I did not relish the idea of becoming a politician or a seeker of favors in the lodges and societies, attending christenings, marriages and all kinds of religious ceremonies in order to drum up business. I talked to the people directly. I spoke openly to the masses who needed my services and I have won their faith and their confidence.

I advertised myself, if you want to call it that, but my advertisements are frank and plain, they teach the people scientific truths which they should know, and never aim to fool anybody. Instead of slinking in hidden paths and by back doors, I spoke openly and directly. Is that faking?

Judge for yourself who is the faker and who is the honorable doctor.

I am always ready to advise anyone who is needful of my services.

Dr. L. Landis

140 East 22nd Street, New York

XV

THE AMERICAN ASSOCIATION OF INDEPENDENT PHYSICIANS

WHAT is the American Association of Independent Physicians?

It is an association, not to enforce the recognition of the progressive, advertising practitioner as a dignified, honorable and vital force in the medical profession, but to secure it—to make it secure—through the development of morale among all who hold dear to their hearts liberty, justice, and the true duties and welfare of the medical profession.

PURPOSES

1. To form a nation-wide organization to study the causes of poverty, disease and crime, and to remove those causes.
2. To help each member to win his own life's battle.
3. To help each member to do, not his bit, but his best, to make democracy safe for the medical profession, now that the world has been made safe for democracy; and especially in this connection:—
4. To do away with any system of despotic dictatorship of the oligarchy of the medical profession, which places class against class; and particularly to combat autocracy in any form, and in any relationship of man to man.
5. In general, to help its members to greater efficiency and finer citizenship through better service of heart, head and hand in the medical

profession, for the individual, the home, and the community.

Headquarters

140 East 22nd Street

New York City

THE EVOLUTION OF THE ADVERTISING PRACTITIONER

The progressive, advertising practitioner exists as the result of medical growth.

Medical advertising is not a scheme. It was not a happy invention of somebody.

It came in the process of evolution.

It is the answer to human needs.

It is a characteristic development of medical democracy.

Americans are a business people; that is, they are actively engaged in mutual service. They are ministering to each others' needs.

It was natural for progressive practitioners to make use of that vehicle which offers the most ready access to the attention of the greatest number.

This means medical publicity; and it means that in this country, throughout the United States, it has won its way to the notice and favor of the widest circle of progressive people.

In America, people's middle names are publicity: the printed word.

Advertising is the spirit of true Americanism, and the wide and interesting variety of its advertisements is the result of its wholesome and genuine spirit of service.

The man who seeks to serve, must advertise his specialty in one form or another, and those who seek the widest publicity succeed the best.

In every advertisement there is some natural centre of information.

Written advertising started at the college hall, by the doorway of the school, at the headquarters in camp, on the front of the village church. There the communications could be seen by the greatest number of people.

From this, because of our far larger communities and facilities, evolved our newspaper and magazine advertising.

Our great newspapers and periodicals are the crossroads of the community. They are the public squares where gather all the minds of the people, to ponder upon the printed word.

And so, in them, the progressive medical practitioner seeks to tell the people of his wish to serve: to serve them.

THE APPLICATION OF ADVERTISING

You live in a community that has food enough, and clothing and shelter. Have you?

If so, have you also your fair share of the conveniences and amenities of life?

You have a good practice, perhaps, and are fairly comfortable.

But that is not enough. On every side you see physicians who are more successful than you. And you want to get where they are.

In order to make a success of your practice, you must reach the public and tell them about your qualifications, your experience, your method of treating disease.

What is the best way of reaching the public?

Through Advertising.

Advertising reaches more eyes, influences more minds than anything else.

More and more people are reading advertisements every day, because they are convinced that advertising is now the indispensable medium for letting the public know about everything new, and everything that is worth while.

And what is more worth while than medicine, and the knowledge of the prevention and cure of disease?

Success lies in advertising, in letting people know what you can do.

If *you* want success—Advertise.

A LETTER FROM HEADQUARTERS

The following letter is printed here because it deals with the principles and aims of the American Association of Independent Physicians, and explains the simple procedure of affiliation.

140 East 22nd Street,
New York City.

Dear Dr. ——:

I want to congratulate you, as the Secretary of the ——— association of Independent Physicians and Dentists, on the splendid progress you are making. It is good to feel that you and all your colleagues share the enthusiasm which is such a notable feature of the independent associations throughout the country.

As you know well, the object of the parent association is to lay a firm foundation for democracy in medicine. Each state will of course be organized independently, and though the National Association will be glad to give advice and assistance whenever they are called for, there will be no interference with the rights of the local associations.

We are all fighting for freedom, self-expression, self-fulfilment. We are all tired of the unjust repressive measures of the 'regular' organization, of the abuses

which that organization has fostered, of the ridiculous restraints upon the liberty of the individual practitioner, and of the economic confusion which medical autocracy has imposed upon us.

We want to do away with intolerance and inefficiency, and substitute rational, modern methods for the antiquated procedure which has ruined so many thousands of thoroughly competent men who were never given a fair chance to show what was in them, or to earn a proper income for work faithfully done.

We have organized not so much for our own protection and advancement, as for the welfare of the whole profession, which must sooner or later—I firmly believe it will be sooner than many expect,—come into line with us and reap the benefit of what we have been doing. We must all get together, not to waste time and energy in talking of the persecutions to which we have been subjected, of misunderstandings, misrepresentations, ostracism, and intolerance of every kind; but to see what we can do collectively with the great new force of publicity and initiative that we have already tested individually with such excellent results, both for ourselves and for the public. We have been, socially, the outcasts and outlaws of the profession. We are not going to complain about that. We have bigger, better things to do than to indulge in recrimination. We are going to set the profession on a sound footing; to give it economic independence; to bring it into proper relations with the public, and to bring each member into proper relations with all the others. We are going to be progressive and constructive.

All the states in the Union are either already organized or in process of organization. The outlook is extremely encouraging and I feel sure that the influence we can exert, the pressure we can bring to bear as a united group of progressive associations, will have

an irresistible effect. We want justice for ourselves individually, for the whole profession and for the public. We want system, efficiency, educational propaganda, and the fullest opportunity to do the best work that we can, and to receive in return fair compensation and helpful, encouraging conditions. We want to place the profession on a basis which will ensure stability, success, prosperity, progress.

There is no need for me to go further now into the aims and hopes that we all have in common. We are dedicating ourselves, not to any selfish or minor purpose, but to a movement of regeneration and revitalization. And we are going to win out, completely, incontestably. The next generation will look back to what we have done, and, rich in the results that we have worked for, will wonder why those benefits were so long delayed and why the intolerance and incompetence of the medical cliques and cabals were so long endured.

In view of my twenty years' experience in medical publicity work, I take the liberty of making some suggestions which every progressive practitioner who has his eyes fixed on the goal of success should consider.

Medical practice is an art, and cannot be satisfactorily passed along to assistants. If a practitioner has a growing practice, he should not open up a branch office but enlarge his present one to meet the necessary requirements. His personal supervision is essential for good service.

Regarding *equipment*. The advertising practitioner, being representative of the advanced physician, should see to it that his equipment is kept modern and up-to-date.

Appearance. Appearance and personality are predominating features in a physicians success. From him should radiate cleanliness, honesty, energy, confidence and efficiency.

And last but not least, progressive, advertising practitioners should treat their women patients with the most scrupulous correctness. The troubles and persons of their women patients should be regarded more sacredly by the profession than they are even by the priest of the confessional,—and this not from any specially angelic point of view, but from a sensible business point of view.

Advertising practitioners are the most fortunate men in the profession because:

They run no bills and carry no charge accounts. Their fees are in cold cash.

They attend to the medical end of their practice, while their business secretary attends to the commercial end.

They acquire an office practice because of their use of the printed word; people hear of them and come to them.

They are masters of their own time and leisure, which they can employ as they will; for recreation, study, or education.

Their success does not depend on the whims and fancies of their friends, families, fathers-in-law, clubs, societies, church choirs, political ward heelers, hospital trustees, dispensary chiefs, and college professorship camouflages.

They are responsible only to their patients and public, not to neighborhood gossip. If one neighborhood is prejudiced, they can appeal to another vicinity, regardless of the distance between them.

They are free beings, independent of antiquated ideas.

They can boldly express their opinions, and discuss new methods and procedures without waiting for the sanction of the ethicalists.

They are not limited. They can appeal to a thou-

sand, a hundred thousand or a million, if they so desire.

Therefore, advertising practitioners are free, independent and, ultimately, the most fortunate men in the profession.

I feel that I must send you, for your first meeting, a special message; and I should like to give it a very personal significance. You have started a movement that will be of inestimable service to the medical profession and the whole people of the state. I know that you will not draw back, but will continue your great work with clear and constantly increasing results. May you have, individually and collectively, the utmost measure of prosperity and the high satisfaction that comes from fruitful effort and true service!

With regard to the details of affiliation. I am trying to avoid any semblance of red tape or undue formality. If you will simply send me, on behalf of your association, a little note expressing your desire to be affiliated with the parent association, I will have the application recorded and will send you at once a certificate of membership. You, in your turn, will issue a certificate to each member of your association. Your local fees you will settle for yourselves. The affiliation fee will be merely nominal—$1 per member, to be remitted on the first of January each year, and, as other members join you, you will send in their dues at your discretion. We are not in this organization to make money out of it. The only expenses which we have to provide for here are for secretarial work, typewriting, postage, etc. I am myself contributing rooms for headquarters. Later on, perhaps, we may by agreement increase the dues to provide for publicity work. At present, I am relying on the State Associations to do all that they can in the way of issuing educational literature and securing publicity by all legitimate means. The National Association will take up the

matter more fully when it is freed from the present pressure of organization detail, especially the organization of our first National Convention to be held in Cleveland, Ohio.

With kindest regards and every good wish,

Yours fraternally,

Leonard Lincoln Landis, M. D.

National Chairman of the American Association of Independent Physicians. For personal information communicate with the author, 140 East 22nd Street, New York, N. Y.

Note: I beg any of the readers of this book who wish so to write to me whether for further information or for enlightenment on anything that may not appear to them altogether clear or by way of comment or requesting my advice. I am at their service.

Address:

Dr. L. Landis

140 E. 22nd St., New York City

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